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COVER LETTER

TO: Registration Section Division of Corporations

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MAROLA, LL SUBJECT: CAPRETZ

The enclosed Articles of Amendment and fee(s) are submitted for filing.

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Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:



□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional only is exclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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T ARTICLES OF C	AMENDMENT O DRGANIZATION DF
CAPRETZ & MAR Name of the Limited Linking Compa (Name of the Limited Linking)	int an it nom appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000159116</u> 3	were filed on 08/25/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :
Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET ADDRESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	806 VERONA St, St 1 14551mm EE, EL 34741
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	······
New Registered Office Address:	Enter Florida street address
·	, Florida
New Registered Agent's Signature, if changing Registered Agent:	747000

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I hereby accept the appointment as registered agent and agree to act in this copacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered	Agent, Signature of New Registered Ag	ent

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person, being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	EMILIO CAPPETZ	, 	■ Add
		·····	Remove
			O Change
	CYNTHIA C. M. OAPRETZ		∎ ∧dd
	Chirmerc		🛛 Кепкус
			Change
			O Add
			C Remove
		D Change	
		O Add	
			Remove
			Change C
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			P.3
		- <u></u>	Change
			[] Add
			O Remove
			Change

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E. Effective date, if other than the date of filing: <u>NOVEMPSED</u> 30, <u>20</u> optional) (It an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records, 2112 If the record specifies a delayed effective thate, but not an effective time, at 12:01 a.m. on the earlier of: £., (b) The 90th day after the record is filed. 5 Dated DE EMBER Ċ Signature of a m authorized representative of a member ... mílio (APIZETZ Neno -22 () iyped or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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- Filing Fee: \$25,00