L17 000047788

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COVER LETTER

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SUBJECT: _	Japital Sed	ans, LLC.		
_		Name of Lim	ited Liability Company	
The enclosed a	Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return a	Il correspo	ndence concerning this matter	to the following:	
		James R. Monacelli		
		<u> </u>	Name of Person	
		Capital Sedans, LLC.		
			Firm/Company	
		P. O. Box 36		
			Address	
		Marco Island, FL 34146		
		jrmonacelli@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual repor	t notification)
For further info	ormation c	oncerning this matter, please co	all:	
James R. Mon	acelli			86 or 239-394-0900
	Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is a c	heck for th	ne following amount:		
≘ \$25.00 Fil:	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Capital Sedans, LLC.		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000047788}{L17000047788}$	were filed on <u>03/01/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) des of Organization for this Limited Liability Company were filed on 03/01/2017 and assigned occument number 1.17000047788 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.17000047788 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.17000047788 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.17000047788 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.17000047788 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.17000047788 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.17000047788 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.17000047788 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.17000047788 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.17000047788 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.17000047788 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.1700004788 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.1700004788 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.1700004788 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.1700004788 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.170000478 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.170000478 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.17000478 Indianated Liability Company were filed on 03/01/2017 and assigned occument number 1.17000478 Indianated Liability Company were filed on 03/01/2017 Indi	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · ·	
(Principal office address MUST BE A STREET ADDRESS)	Bonita Springs, FL 34135	201 SE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		AUG-7 PM 1:47
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
New Registered Agent's Signature, if changing Registered Agent:	·	λφ Coae
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> Name Address □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ■ Remove _ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add

☐ Remove

☐ Change

Effective date, if other than the date of filing: (if 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 005,0207 Mate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the record is filed. Dated August 6 2019 James R. Monacelli James R. Monacelli						
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	V_{\perp}	James R. Monacelli				

Page 3 of 3

Filing Fee: \$25.00