

L17000090257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

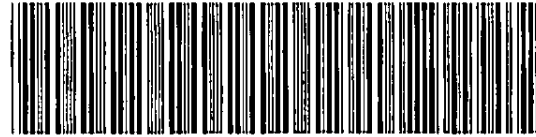
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/06/17--01016--006 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
17 DEC 10 AM 7:40

M. MILLIGAN
DEC 19 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2017

CAPITAL ASSET PARTNERS OF FLORIDA LLC
ATTN: CYNTHIA SEIDL
3487 DERBY LANE
WESTON, FL 33331

SUBJECT: CAPITAL ASSET PARTNERS OF FLORIDA LLC
Ref. Number: L17000090257

We have received your document for CAPITAL ASSET PARTNERS OF FLORIDA LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 117A00024771

**CAPITAL ASSET PARTNERS OF FLORIDA, LLC
3487 DERBY LANE
WESTON, FL. 33331**

VIA Fed Ex Priority

December 15th, 2017

Florida Department of State
ATTN: Ms. Milligan
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL. 32301

RE: Capital Asset Partners of Florida, LLC.

Dear Ms. Milligan,

Our Articles of Amendment Form was rejected as we inadvertently used the Florida Profit Corporation Form not the Florida Limited Liability Company Form.

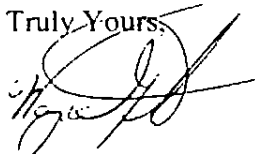
We are resubmitting using the correct form.

Enclosed please find completed and signed Form to Amend the Articles of Organization of a Florida Limited Liability Company.

Our payment was submitted with the rejected form and we have been advised that no additional payment was required.

Thank You.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Wayne Ginter", written over a circular stamp or seal.

Wayne Ginter
Vice President

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Capital Asset Partners Of Florida.LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Cynthis Seidl

Name of Person

Capital Asset Partners Of Florida.LLC

Firm/Company

3487 Derby Lane

Address

WEston,Florida 33331

City/State and Zip Code

cynthis@warehouserenting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Seidl

954 261-8118
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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**

RECEIVED
CLERK OF THE STATE
OFFICE OF CORPORATIONS
19 DEC 18 AM 7:40

Capital Asset PartnersOf Florida,LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 24th 2017 and assigned
Florida document number L 17000090257.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. 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 Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Wayne Ginter	12249 Tropical Way	<input checked="" type="checkbox"/> Add
		Pinecrest, Florida 33156-5603	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Matthew Eidelstein	1050 Brickell Avenue Apt. 3002	<input type="checkbox"/> Add
		Miami, Florida 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

/

E. Effective date, if other than the date of filing: _____ (optional)

(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 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 15th, 2017

Cynthia Sude
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Cynthia Seidl

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
DEPT. OF COMMERCE
17 DEC 18 AM 7:40