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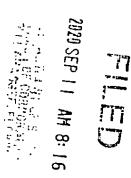
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OCT 21 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Copital Trust Equity Parties LCC 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:
Steve Betleski Name of Person  Clo Ja Leonand Firm/Company
6300 Pelican Bay Blvl 204
Naples Fr 34108  City/State and Zip Code  Jewnen 1029 C small com  JE-mail address: (to be used for future annual report patification)
For further information concerning this matter, please call:
T. Levan at (2-39) 777 - 8990  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT $T \cap$

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ARTIC	CLES OF OR OF	RGANIZATION	770 SEI
Capital Tru	st Eq	as it now appears on our reco	7 LL 2 3 00 00 00 00 00 00 00 00 00 00 00 00 0
The Articles of Organization for this Limited Liab	oility Company w	ere filed on $1 - 19 - 7$	2018 and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liabili	ty company here:	
Enter new principal offices address, if applicab			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	J. Leohan 6300 Pelio Naples	can Bay Blvil tezo
B. If amending the registered agent and/or reg agent and/or the new registered office address		dress on our records, <u>ente</u>	er the name of the new registere
Name of New Registered Agent:  New Registered Office Address:		Pelican Ba	ress
	Nap	City , I	Florida 34108 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 Type of Action Address Title Name 1800 N. Clyboum Aver Fremove Menber Tiffany Webb Chi FL 60614 | Change Managing Steven F. Belleski 4128 Hohman Are Kadd
Wander Hammond In 6614 Remove \_\_\_\_\_ 🗆 Add □Remove \_\_\_\_\_ □Change □Add \_\_\_\_ □Change □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Add □Remove

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an effec <u>ote:</u> If	e date, if other to tive date is listed, the the date inserted at's effective date	ne date must be spec in this block doe	eific and cannot es not meet the	e applicable sta	of filing or more th		filing.) Pursuant to	
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