

L180000 36090

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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JULIA MASSERIE

C. GOLDEN
APR 13 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL ACCESS INTERNATIONAL 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:

FRANCES LOUISE ZAHAREAS

Name of Person

CAPITAL ACCESS INTERNATIONAL LLC

Firm/Company

13406 CATTAIL CT

Address

HUDSON FL 34667

City/State and Zip Code

LOUISE@CAPITALACCESSINTL.COM

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

For further information concerning this matter, please call:

Nick ZAHAREAS

Name of Person

at (727)

Area Code

863 1950

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

CAPITAL ACCESS INTERNATIONAL 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 FEBRUARY 8 2018 and assigned
Florida document number L18000036090

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

13406 CATTAIL CT
HUDSON FL 34667

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

13750 ORION CT.
HUDSON FL 34667

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:

FRANCES LOUISE ZAHAREAS

New Registered Office Address:

13750 ORION CT

Enter Florida street address

HUDSON

City

Florida

34667

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

Title	Name	Address	Type of Action
AMBR	MARSHALL GROUP	_____ <input type="checkbox"/> Add	
		12527 CENTRAL AVE NE. BLAINEN 55434	<input checked="" type="checkbox"/> Remove
		_____ <input type="checkbox"/> Change	
AMBR	NICHOLAS ZAHAREAS	13406 CATTAIL CT HUDSON FL 34667	<input checked="" type="checkbox"/> Add
		_____ <input type="checkbox"/> Remove	
		_____ <input type="checkbox"/> Change	
MGR	FRANCES LOUISE ZAHAREAS	_____ <input type="checkbox"/> Add	
		_____ <input type="checkbox"/> Remove	
		13750 ORION CT HUDSON FL 34667	<input checked="" type="checkbox"/> Change
		_____ <input type="checkbox"/> Add	
		_____ <input type="checkbox"/> Remove	
		_____ <input type="checkbox"/> Change	
		_____ <input type="checkbox"/> Add	
		_____ <input type="checkbox"/> Remove	
		_____ <input type="checkbox"/> Change	
		_____ <input type="checkbox"/> Add	
		_____ <input type="checkbox"/> Remove	
		_____ <input type="checkbox"/> Change	

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

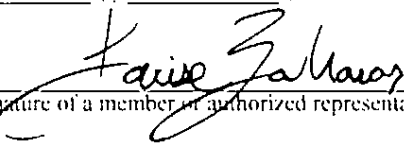
E. Effective date, if other than the date of filing: _____ (optional)

(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 04/02/2019



Signature of a member or authorized representative of a member

FRANCES LOUISE ZAHAREAS

Typed or printed name of signer