## 118000018981

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF J.A.I.

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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJE	CAPSTONE CAPITAL INVESTMENTS ONE, LLC						
3011.31		ne of Limited	Liability Company				
Dear Si	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to th	e following:				
DOMI	NIQUE DELCOURT						
	Name of Person		<del></del>				
CAPS	STONE CAPITAL INVESTMENTS	ONE, LLC					
	Firm/Company		<del></del>				
5401	S. KIRKMAN RD. STE 310						
	Address						
ORLA	ANDO, FL 32819						
	City/State and Zip Code						
lafaye	etterealtygroup@gmail.com						
E	-mail address: (to be used for future and	iual report no	tification)				
For fur	ther information concerning this matter.	, please call:					
DOMI	NIQUE DELCOURT	321	4602033				
	Name of Person		Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301		] ] 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314				
	Enclosed is a check for the following	amount:					
	☑ \$25 Filing Fee	a	\$55 Filing Fee & Certified Copy				
INHST	3 (2/14)						

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The new name must be distinguishable and contain the words "Limited Liabilit	y 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)		
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	S	25.0
Enter new mailing address, if applicable:	ָּטָר <u>ַ</u>	至温
•		- 목표
(Mailing address MAY BE A POST OFFICE BOX)	7	_ <del></del>
	<b>*</b>	<u> </u>
		- ; (

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:

Dominique Delevert

Enter Florida street address

1905 Florid

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.

IT 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>	Address	Type of Action
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Effective date if a	ther than the dat	e of filing	ŗ.			6	ontional)		
Effective date, if o (If an effective date is lis Note: If the date ins	sted, the date must be	specific and	cannot be pri	or to date of	tiling or more	than 90 days	after filing.	.) Pursuant to	605,02
document's effective					tory ming re	quirements	s, this date	will not be	i iisteu (
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the record specifi ) The 90th day a			ate, but r	not an eff	ective tim	e, at 12:	01 a.m.	on the e	arlier
, The soul day a	iter the record	is med.							
Dated	13	·	2013	<u>}</u> .					
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Page 3 of 3

Filing Fee: \$25.00