

L190000023191

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAPITAL RAILROAD TRACKS LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL RAILROAD TRACKS 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

benjamin.o.cole@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888

Name of Person

at ()

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 &
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(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 RAILROAD TRACKS 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 01/22/2019 and assigned
Florida document number L19000023191.

This amendment is submitted to amend the following:

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

Benjamin Cole Group LLC

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:

20 EASTWIND ST, APT 2

(Principal office address MUST BE A STREET ADDRESS)

MARINA DEL REY, CA 90292

Enter new mailing address, if applicable:

20 EASTWIND ST, APT 2

(Mailing address MAY BE A POST OFFICE BOX)

MARINA DEL REY, CA 90292

**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>
AMBR	BENJAMIN COLE	20 EASTWIND ST, APT 2	<input type="checkbox"/> Add
		MARINA DEL REY, CA 90292	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	RONALD BEASLEY	20 EASTWIND ST, APT 2	<input type="checkbox"/> Add
		MARINA DEL REY, CA 90292	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ALEX BROOKS	20 EASTWIND ST, APT 2	<input type="checkbox"/> Add
		MARINA DEL REY, CA 90292	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DEVAN STARKE	20 EASTWIND ST, APT 2	<input type="checkbox"/> Add
		MARINA DEL REY, CA 90292	<input type="checkbox"/> Remove
			<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

[illegible]

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.

Dated 2/11/20, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00