

# L19000174287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

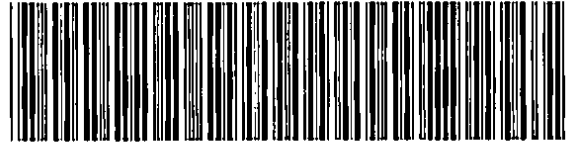
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 JUL 15 PM 12:09

*Amend/ name change*

JUL 17 2019

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Capital CPA and Advisory Group, 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:

Michael J. Nakis

Name of Person

Capital CPA and Advisory Group, LLC

Firm/Company

848 Brickell Avenue, Suite 630

Address

Miami, Florida 33131

City/State and Zip Code

mnakis@capitalcpagroup.com

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

For further information concerning this matter, please call:

Michael J. Nakis

305

974-7856

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

STATE  
DIVISION OF CORPORATIONS  
JUL 15 PM 12:09



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 3, 2019

MICHAEL J NAKIS  
CAPITAL CPA AND ADVISORY GROUP, LLC  
848 BRICKELL AVENUE, SUITE 630  
MIAMI, FL 33131

SUBJECT: CAPITAL CPA AND ADVISORY GROUP, LLC  
Ref. Number: W19000061490

We have received your document for CAPITAL CPA AND ADVISORY GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 019A00013472

2019 JUL 15 PM 2:05

RECEIVED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Capital CPA and Advisory Group, 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 June 13, 2019 and assigned Florida document-number -.

This amendment is submitted to amend the following:

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

Capital CPA and Advisory Group, PLLC

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)**

**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

City \_\_\_\_\_, Florida

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Capital CPA and Advisory Group, LLC (f/k/a Capital CPA and Advisory Group, LLP) is converting to a  
Professional Limited Liability Company, as it is a CPA firm licensed in the State of Florida.

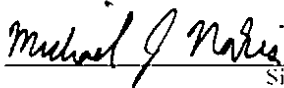
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 June 13 , 2019



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Michael J. Nakis

\_\_\_\_\_  
Typed or printed name of signer