Division of Corporations



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Division of Corporations

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From:

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Account Number : T20010000062 : (323)962-8600 : (323)962-3889 Fax Number

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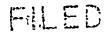
COVER LETTER

	gistration Sec vision of Corp				
erm rê e-t	CAP'N C'S	ric			
SUBJECT	·	Name of Limit	ed Liability Company	yp Cyfgydd Christian (d. dir dae'r Christian	
The enclose	ed Articles of A	Amendiment and fec(s) are subm	nitted for filing.		
Please retu	rn all согтезрог	ndence converning this matter to	o the following:		
		Cheyenno Mossley			
			Name of Person	, <u> </u>	
		Legalzoom.com, inc.			
			Firm/Company		
		101 N Brand Blvd 11th Fl			
			Address	ganggalahan an dala dalam an al	
		Glendale, CA 91203			
			City/State and Zip Code		
		cody 7366@hounail.com	o be used for future annual report nouth	(Cation)	
For further	r information c	concerning this matter, please ca			
Cheyenne	Moseley		800 773-0838		
	Name o	i Person	Area Code Daytime	Telephone Number	
Enclosed i	is a check for t	he following amount:			
\$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is confosed)	
	34411	INC ADDRESS.	STREET/COURT	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahissee, FL 32314

STREET/COURIER ADDIC Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION



nata not in ID E Ed

CAPNICSLLC	MURETAL MICHORATE	
(Name of the Limited Liability Commer (A Florida Limited L	Was it now appears on our records Ah Abble. Florida inbility Company)	
he Articles of Organization for this Limited Liability Company		
orida document number L19000218464		
his amendment is submitted to amend the following:		
-		
If amending name, enter the new name of the limited liab	lity company here:	
te new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
ater new principal offices address, if applicable:	1660 Pasadena Dr.	
Principal office address MUST BE A STREET ADDRESS)	Dunedin, Fl. 34698	
	1260 Carrens D.4. 1. Unit 1702	
Enter new mailing address, if applicable:	1350 County Rd. 1, Unit 1702 Dunedin, FL 34697	
Mailing address MAY BE A POST OFFICE BOX)	Dukait FE 3-077	
5. Mr. 12. 14. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	ffine address on our majords untor the name of the	
registered agent and/or the new registered office address her	g :	
Name of New Registered Agent:	Enter Florida street oddress	
Name of New Registered Agent:	Enter Florida street oddress	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida City Zip Code	
Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	Enter Florida street address Florida City Zip Code	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida City 21p Code ree to act in this capacity. I further agree to comply with a performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agent provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered affice	Enter Florida street address Florida City Zip Code ree to act in this capacity. I further agree to comply with a performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	

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	Mitchell C. Basaldus		□ Add
			П Ветюче
		1350 County Rd. 1, Unit 1702 Dunedin, Florida 34697	■ Change
			□ Add
			□ Remove
			☐ Cprvi&
			D Add
			□ Remove
			☐ Change
			□ Remove
			□ Change
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wiici	eding any other information, enter change(s) here: (Attach additional sheets, (f necessary.)
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vote:	ive date, if other than the date of filing: (optional) (optional)
e rec The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated	10/03/2019
	My
	Signature of a member or authorized representative of a member
	Mitchell C. Busaldua

Page 3 of 3

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