

120 000046120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200378798122

02/16/22--01014--008 **25.00

FILED
2022 FEB 16 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FL

Y. SCOTT
MAR - 1 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL TRADE ENTERPRISES, 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:

JAMES P. MCCUNE

Name of Person

MCCUNE|ALFANT

Firm/Company

38 GRANT STREET

Address

ST. AUGUSTINE, FLORIDA 32084

City/State and Zip Code

JAMES@MCCUNEALFANT.COM

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

FILED
2022 FEB 16 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

JAMES P. MCCUNE

904

8080426

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CAPITAL TRADE ENTERPRISES, 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 02/10/2020 and assigned
Florida document number L20000046120.

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)

38 GRANT STREET

ST. AUGUSTINE, FLORIDA 32084

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

38 GRANT STREET

ST. AUGUSTINE, FLORIDA 32084

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:

JAMES P. MCCUNE, ESQ.

New Registered Office Address:

38 GRANT STREET

Enter Florida street address

ST. AUGUSTINE

City


Florida

32084

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>
MGRM	KLEBENER, SAMUEL	110 E. BROWARD BLVD - STE. 1570	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	KLEBENER, SAMUEL	38 GRANT STREET	<input checked="" type="checkbox"/> Add
		ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BOVIN, PAVLO	4/19 DMITRA DONSKOGO STREET	<input type="checkbox"/> Add
		DNIPRO, UKRAINE 49005, AL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DYMYTROVA, SVITLANA	6-B/224 STARONAVODNITSKAYA STREET	<input type="checkbox"/> Add
		KIEV, UKRAINE 01015, AL	<input checked="" 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

2022 FEB 16 PM 3:08
 SECRETARY OF STATE
 TALLAHASSEE, FL
 FILED

FILED
2022 FEB 16 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2022 FEB 16 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FL

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 February 15 2022

James P. McNamee
Typed or printed name of signee