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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

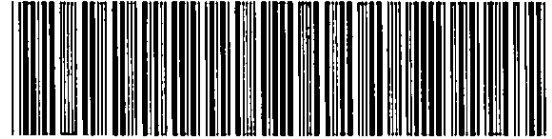
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Capital Liquidations L.L.C.
Name of Limited Liability Company

Enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Bonfante
Name of Person
Capital Liquidations L.L.C.
Firm/Company
11359 Willesden Dr. S.
Address
Jacksonville, FL 32246
City/State and Zip Code
Capital Liquidations@gmail.com
E-mail address (to be used for future annual report notification)

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JAN 12 PM 4:21
STATE OF FLORIDA

For further information concerning this matter, please call:

Daniel Bonfante at 904 416-7049
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 Liquidations L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 2-25-2020 and assigned
file document number L20000061697

Amendment is submitted to amend the following:

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

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

or new principal offices address, if applicable:

principal office address MUST BE A STREET ADDRESS

or new mailing address, if applicable:

mailing address MAY BE A POST OFFICE BOX

11359 Willesdon Dr. S.
Jacksonville FL 32246

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

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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

MR = Manager

MBR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Daniel Bonfante	12334 Finns Cove Trail	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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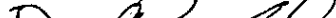
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filing is filed.


Signature of a member or authorized representative of a member

Daniel Bonfante
Typed or printed name of signee