120000337651

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Document Number)				
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05/27/25--01021--005 **25.00



COVER LETTER

Division of Co		,. -				
CapStack SUBJECT:	Commercial LLC	•				
s s		ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	Veronica Malolos					
Name of Person						
	CapStack Commercial LLC					
	Firm Company					
	1081 E Lake Shore Blvd.					
		Address				
	Kissimmee, FL 34744					
		City/State and Zip Code				
	veronica@capstackcommer					
	E-mail address: (to be used for future annual report notif	ication)			
For further information	concerning this matter, please c	all:				
Veronica Malolos		407 791-3772				
Name	of Person	Area Code Daytime	e Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting 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 AMENDIA TO ARTICLES OF ORGANIZATION OF 2025 MAY 27 AM 8: 39

CapStack Commercial LLC

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

(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000337651}{L20000337651}$.	were filed on 10/23/2020	. 671
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CAPSTRATA LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 a	address on our records, er	nter the name of the new register
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 agre provisions of all statutes relative to the proper and complete		

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>	Address	Type of Action
			LAdd
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			UAdd
		/	□ □Remove
		/	□Change
			□Add
			□Remove
			∐Change
			∐Add
			□ □Remove
			□Change
	· 		□Add
			Remove
			□Change

Typed or printed name of signee