

L21 000202683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

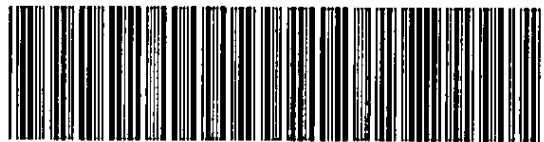
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700369287637

09/27/21--01004--002 **25.00

2021 OCT 12 PM 3:29



2021 SEP 23 AM 11:13

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2021

JUBRAN NASSAR
4230 107TH AVE.
APT. 3409
MIAMI, FL 33178

SUBJECT: CAPITAL MOTORS USA
Ref. Number: L21000202683

We have received your document for CAPITAL MOTORS USA, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 521A00022194



RECEIVED

2021 OCT 12 PM 12:48

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2021

JUBRAN NASSAR
4230 107TH AVE.
APT. 3409
MIAMI, FL 33178

SUBJECT: CAPITAL MOTORS USA
Ref. Number: L21000202683

We have received your document for CAPITAL MOTORS USA and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 721A00023452

COVER LETTER

TO: Registration Section
Division of Corporations
CAPITAL MOTORS USA

SUBJECT: _____
Name of Limited Liability Company

RECEIVED

21 SEP -2 AM 9:07

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUBRAN NASSAR

Name of Person

4230 107TH AVE APT 3409

Firm/Company

4230 107TH AVE APT 3409

Address

MIAMI, FL, 33178

City/State and Zip Code

jubran.nassar@gmail.com

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

For further information concerning this matter, please call:

JUBRAN NASSAR

305 9008820

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 MOTORS USA

(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 04/30/2021 and assigned
Florida document number 121000202683.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4230 107th ave apt 3409

Doral, fl. 33178

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:

Jubran Ahmed Nassar

New Registered Office Address:

255 SW 11th St.

Enter Florida street address

MIAMI

City

Florida

Zip Code

33130

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>
mgr	CARTER, CHRISTOPHER M	1861 NW SOUTH RIVER DRIVE apt 2505, Miami, FL, 33125	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	jubran ahmed nassar	4230 107th ave apt 3409 Doral, FL, 33178	<input checked="" type="checkbox"/> Add
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

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 09/26, 2021

Christopher M Carter

Typed or printed name of signee