

121000435475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

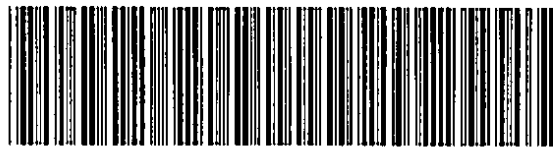
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 NOV -8 AM 11:56

November 1, 2021

MAK MARS/JOSEPH LICATTA  
3675 BROADWAY J5  
FORT MYERS, FL 33901

SUBJECT: THE M&J CAPITOL HOLDINGS GROUP LLC  
Ref. Number: L21000435475

We have received your document for THE M&J CAPITOL HOLDINGS GROUP LLC 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: 921A00026496

THE M&J CAPITOL HOLDINGS GROUP LLC

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	MAK MARS	3675 BROADWAY J5	<input type="checkbox"/> Add
		FORT MYERS FL 33901	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	WILLEM MARS	3675 BROADWAY J5	<input checked="" type="checkbox"/> Add
		FORT MYERS FL 33901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

I AM SWITCHING THE NAME "MAK MARS" TO WILLEM MARS. I AM THE SAME PERSON.

THE BANK IS GIVING ME A HARD TIME ABOUT ID. THE NAMES HAVE TO MATCH.

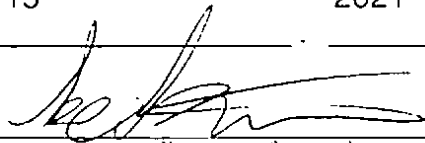
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the 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 record is filed.

OCTOBER 15 2021  
Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

W. MAK MARS

Typed or printed name of signee