## 124000245TB

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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09/06/24--01022--013 \*\*30.00

08/12/24--01006--015 \*\*43.75

2024 SEP -6 AM 1: 15 SECRITARY OF STATE



August 20, 2024

CHARLES LOMEL 2914 N WOODROW AVE TAMPA, FL 33602

SUBJECT: CPL CAPITAL LLC Ref. Number: L24000245772

We have received your document for CPL CAPITAL LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

PECEOVEY

Letter Number: 624A00018543

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
SUBJECT:	PL CAPITAL LL	<i>C</i>	
	Name of Lin	nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
•	v	· ·	
	CHARLES LOS	rf6	<del></del>
		Name of Person  LLC Firm/Company	
	CPL CADFOR		
		Firm/Company	
	0 6		
	<u> 6914 N G</u>	Address	
		Address	
	_	<b>.</b>	
	TAMPA FL	City/State and Zip Code  FLATOR DOCKS Complete to be used for future annual report notice.	
	,	City/State and Zip Code	
	TREY @ OLD	FLATOA DACKS, CAM	
	E-mail address: (	to be used for future annual report notif	fication)
For further information of	oncerning this matter, please c	all·	
1 of Matter Internation Co	oncerning and matter, preade t	<b></b>	
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PLATICAL	Dorac	at ( <b>K</b> ) 3) 205 Area Code Daytime	a Tolonhona Number
Name of	reison	Area Code Dayona	e resemble ivalides
Enclosed is a check for th	e following amount:	were Same Labore	E NEW ONE TO DE SAFE
Enclosed is a check for th	ic tonowing amount. / /20-22		
☐ \$25.00 Filing Fee	<b>≱</b> \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is enclosed)	(additional copy is enclosed)
Mailing Address		Street Address:	ation.
Registration S		Registration Sec	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	
Tallahassee, F			e Street, Suite 810
rananassee, r	ロ シミンドマ	ZTIJ IV. MOINO	e bucci, built of

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CPL CAPETAL LL	CC C
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
	pany were filed on May 79, 2024 and assigned
riorida document rumber <u>La 1862 (3772</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
OLD FUNTUA POCKS	110
amendment is submitted to amend the following:  f amending name, enter the new name of the limited liability company here:    DEST   LIC	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES.	S)
	AAA 24.6
Enter new mailing address, if applicable:	TACY OF OLD FLACUADOCAS COM
(Mailing address MAY BE A POST OFFICE BOX)	
	한 골등 💆
	——————————————————————————————————————
agent and/or the new registered office address here:	i Com Of
	•
Name of New Registered Agent:	<del></del>
New Registered Office Address:	
	t:nter Florula street address
	, Florida
	Car Supremental Car Suprementa

## 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 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
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(If an effe Note:	re date, if other than the date of filing:	)207 ( l as t
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t d.	the
ord is file	A-4057 28TH . 2024	
ord is file	A-4657 28TH . 2024	
ord is file	A-GLST 28 <sup>TM</sup> . Zo24 .  Signature of a member or authorized representative of a member	

Filing Fee: \$25.00