

L24000326542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

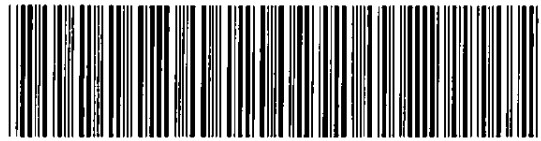
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



900436452839

09/17/14 11:11:12 900436452839

FILED
26 SEP 17 4:16:03
CLERK OF COURT
CLERK OF COURT

CAPSTONE

September 5, 2024

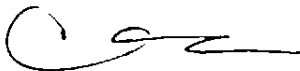
Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To Whom It May Concern:

Please accept this Amendment to the Articles of Organization of **Capstone Geogroup**, a Florida Limited Liability Company. Enclosed is a cashier's check of \$25 to satisfy the Filing Fee, made payable to the Florida Department of State.

Should you have any questions or require further information, please do not hesitate to contact me at ccroft@capstonegeogroup.com or (813) 390-7088.

Sincerely,



Cortlin Croft
CEO

FILED
24 SEP 17 AM 9:03
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT



610 E. Zack Street
Suite 110-3008
Tampa, FL 33602



(904) 556-9218



www.capstonegeogroup.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Capstone Geogroup, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Cortlin Croft

Name of Person

Capstone Geogroup, LLC

Firm/Company

610 E. Zack St. Suite 110-3008

Address

Tampa, FL 33602

City/State and Zip Code

ccroft@capstonegeogroup.com

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

For further information concerning this matter, please call:

Lance Croft

904

556-9218

at ()

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**

Capstone Geogroup, LLC

(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 7/23/2024 and assigned
Florida document number L24000326542.

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)

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:

Lonzo Law, PLLC

New Registered Office Address:

136 4th Street North, Suite 243

Enter Florida street address

Saint Petersburg

Florida 33701

City

Zip Code

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.

Tyler Abadal

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>
AMBR	CROFT, CORTLIN	610 E Zack St., Suite 110-3008, Tampa, FL 33602	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CROFT, LANCE	610 E Zack St., Suite 110-3008, Tampa, FL 33602	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.)*

[illegible]


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.

Dated September 4th, 2024



Signature of a member or authorized representative of a member

Cortlin Croft

Typed or printed name of signee