

P03000059954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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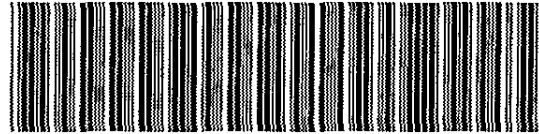
(Business Entity Name)

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08/23/06--01010--017 \*\*35.00

06 AUG 23 AM 9:02  
JUL 23 2006  
JUL 23 2006

B. McKnight AUG 25 2006

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Captian Max Murphy, Inc.

**DOCUMENT NUMBER:** P03000059954

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Yankwitt

(Name of Contact Person)

Advisory Tax Services, Inc.

(Firm/ Company)

500 SE 17th St. STE 220

(Address)

Ft.Lauderdale FL 33316

(City/ State and Zip Code)

For further information concerning this matter, please call:

Eric Yankwitt

(Name of Contact Person)

at ( 954 ) 763-2829

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



The date of adoption of the amendment(s) was: 06/23/06

Effective date if applicable: 06/23/06  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature [Signature]  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

\_\_\_\_\_  
(Typed or printed name of person signing)

\_\_\_\_\_  
(Title of person signing)

FILING FEE: \$35

06 AUG 23 AM 9:02  
DIVISION OF CORPORATE AFFAIRS  
STATE OF NEW YORK