

L21000200173714

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.
Account Number : I20090000078
Phone : (561)801-7312
Fax Number : (561)515-3904

2021 MAY 19 PM 4:52
FILED
CORPORATION DIVISION
TALLAHASSEE, FL

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
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CORPORATION DIVISION
TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
10443 CAPTIVA, LLC

Certificate of Status	0
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Page Count	05
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Help
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H21000200173 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 10443 CAPTIVA, 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:

PAUL A. KRASKER
Name of Person
THE LAW OFFICE OF PAUL A. KRASKER, P.A.
Firm/Company
1615 FORUM PLACE, 5TH FLOOR
Address
WEST PALM BEACH, FL 33401
City/State and Zip Code
PKRASKER@KRASKERLAW.COM
E-mail address: (to be used for future annual report notification)

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CORPORATION STATE
PALM BEACH, FL

For further information concerning this matter, please call:

Andrea Murphy Snowden at (561) 515-4722
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

H21000200173 3

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

10443 CAPTIVA, 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 MAY 10, 2021 and assigned Florida document number L21000203714.

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)

1615 FORUM PLACE

5TH FLOOR

WEST PALM BEACH, FL 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1615 FORUM PLACE

5TH FLOOR

WEST PALM BEACH, FL 33401

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SECRETARY OF STATE
TALLAHASSEE, FL

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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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	CARL SABATELLO	9002 BURMA ROAD	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAUL A. KRASKER	1615 FORUM PLACE	<input checked="" type="checkbox"/> Add
		5TH FLOOR	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33401	<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

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 SEC. CLERK OF STATE
 TALLAHASSEE, FL
 P.L. 80

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

Multiple horizontal lines for amending information.

REC'D MAY 19 11:48 AM 2021

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 MAY 19 2021

Handwritten signature of Paul A. Krasker

Signature of a member or authorized representative of a member

PAUL A. KRASKER

Typed or printed name of signee