

L200000167296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

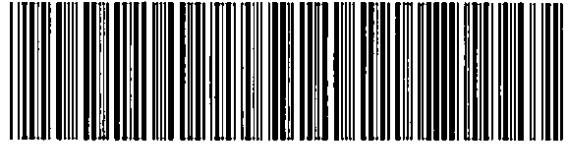
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500368870605

FILED
2021 OCT 19 PM 2:30
TERRY C. STATE
TALLAHASSEE, FL

RECEIVED
2021 OCT -7 PM 4:02
TERRY C. STATE
TALLAHASSEE, FLORIDA

M. GULKER

DEC 09 2021

X



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2021

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: CAABE HOMES, LLC
Ref. Number: L20000167296

We have received your document for CAABE HOMES, LLC and the authorization to debit your account in the amount of \$30.00. However, the document has not been filed and is being returned for the following:

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 121A00024512

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160

AMOUNT: \$30.00

Authorized Signature: 

CAABE HOMES, LLC L20000167296

Corporation Name & Document Number, (if known):

(Business Name)

Document#

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☒ **X Certified Copy of Articles of Organization**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

AMMENDMENTS

☒ **X** Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ **Conversion**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL ()
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAABE HOMES, 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:

Michael A. Scott, Esq.

Name of Person

Dorcey Law Firm, PLC

Firm/Company

10181 Six Mile Cypress Pkwy, Suite C

Address

Fort Myers, FL 33966

City/State and Zip Code

mike@dorceylaw.com

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

For further information concerning this matter, please call:

Michael A. Scott, Esq.

239 418-0169
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

CAABE HOMES, 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 06/16/2020 and assigned
Florida document number L20000167296.

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)

325 Cocohatchee Blvd.

Naples, FL 34110

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

325 Cocohatchee Blvd.

Naples, FL 34110

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

City

Florida

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

FILED
 2021 DEC -9 PM 2:33
 CLERK OF DISTRICT COURT
 CLASH, SE FL

AMBR = Authorized Member

[illegible]

