

LD1000014894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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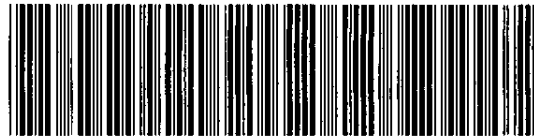
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 24 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cape Marco Belize 907, LLC, a Florida limited liability company
(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:

Christopher A. Roche, Esquire
(Name of Person)

Law Office of Christopher A. Roche
(Firm/Company)

229 N. Collier Boulevard
(Address)

Marco Island, FL 34145
(City/State and Zip Code)

For further information concerning this matter, please call:

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TALLAHASSEE, FLORIDA

Christopher A. Roche, Esquire at (239) 389-0700
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cape Marco Belize 907, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on August 30, 2001 and assigned Florida document number L01000014894.

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 end with 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)

c/o Anthony and Marie Zandy
760 N. Collier Boulevard, Unit 3-403
Marco Island, FL 34145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Anthony and Marie Zandy
760 N. Collier Boulevard, Unit 3-403
Marco Island, FL 34145

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: Christopher A. Roche, Esquire

New Registered Office Address: 229 N. Collier Boulevard
(Enter Florida street address)

Marco Island, Florida 34145
(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 608, 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

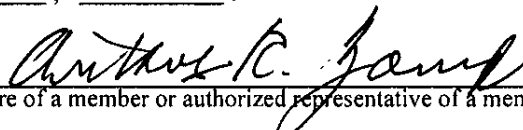
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mario Sanchez	1139 San Marco Road Marco Island, FL 34145	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Michele Sanchez	1139 San Marco Road Marco Island, FL 34145	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Anthony Zandy	760 N. Collier Boulevard Unit 3-403 Marco Island, FL 34145	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Marie Zandy	760 N. Collier Boulevard Unit 3-403 Marco Island, FL 34145	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated March 19, 2009



Signature of a member or authorized representative of a member
Anthony Zandy

Typed or printed name of signee

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