

L05000108229

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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K. SALY
OCT 31 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Captiva Commerce Partners, 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:

Thomas M Dryden

Name of Person

Thomas M Dryden, P.L.

Firm/Company

1705 Colonial Blvd., B-3

Address

Fort Myers, FL 33907

City/State and Zip Code

billm@fireserviceusa.com

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

For further information concerning this matter, please call:

Thomas Dryden

239

337-2001

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/COURIER ADDRESS:

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

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

Captiva Commerce Partners, LLC

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

FILED
2017 OCT 27 PM 4:16
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/07/05 and assigned
Florida document number L05000108229.

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:

3120 Winkler Ave., Ext. 30

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers, FL 33916

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:

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

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>
MGRM	4M Management, LLC	3120 Winkler Ave., Ext 30	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33916	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED
CLERK OF COURT
STATE OF FLORIDA
COUNTY OF HENDS

2011年

2011 OCT 27 PM 4:18

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.

Dated October 11, 2017

William R Mante III mgr

Signature of a member or authorized representative of a member

William R. Maute, III

Typed or printed name of signee