L07000018748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

L07-18748

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400131984334

07/07/08--01012--020 **25.00

FILED
08 JUL 14 PM 3:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gilligan JUL 14 2008

# COVER LETTER

TO: **Registration Section**
**Division of Corporations**

SUBJECT: Cape Regal Yacht Center, 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:

Patricia Baldo
(Name of Person)

Cape Yacht Center, LLC
(Firm/Company)

1044 NE Pine Island Road
(Address)

Cape Coral, FL 33909
(City/State and Zip Code)

For further information concerning this matter, please call:

Tisha Baldo at (239) 574-7342
(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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2008

PATRICIA BALDO
1044 NE PINE ISLAND ROAD
CAPE CORAL, FL 33909

SUBJECT: CAPE YACHT CENTER, LIMITED LIABILITY COMPANY
Ref. Number: W08000032325

We have received your document for CAPE YACHT CENTER, LIMITED LIABILITY COMPANY and your check(s) totaling $25.00. However, the document has not been filed and is being retained in this office for the following:

Missing page 2 of 2 with the signature page. I am enclosing the 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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 108A00040247

FILED
08 JUL 14 PM 3:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

Cape Regal Yacht Center, 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 02/19/2007 and assigned Florida document number L07000018748.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Cape Yacht Center, Limited Liability Company

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)***

1044 NE Pine Island Rd
Cape Coral, FL 33909

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

Same as Above

**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 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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |
| | | | ☐ Add ☐ Remove |

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

FILED
08 JUL 14 PM 3:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated _____

Patricia Baldo
Signature of a member or authorized representative of a member

PATRICIA Baldo
Typed or printed name of signee



**Filing Fee: $25.00**