

✓
L07000092324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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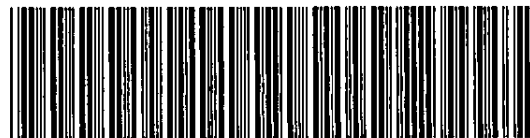
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
APR 16 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cavo Family Properties LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Cavo
Name of Person

Cavo Family Properties
Firm/Company

4292 Diamond Ter
Address

Weston, FL 33331
City/State and Zip Code

KimberlyCavo@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Cavo at 954 261 5998
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Cavo Family Properties, 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 9/10/2007 and assigned
Florida document number L07000092324

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

Kimberly Cavo

New Registered Office Address:

4292 Diamond Ter

Enter Florida street address

Weston

City

Florida

33331

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.

Kimberly Cavo

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

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TALLAHASSEE, FLORIDA

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

Dated 4/12/13, 2013.

Kimberly J. Caro, RA + Authorized Rep
Signature of a member or authorized representative of a member

Kimberly J. Caro, RA + Authorized Rep
Typed or printed name of signer

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Filing Fee: \$25.00

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