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**EXAMINER** 

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## **COVER LETTER**

10.	Division of Co			09404 16	
SHRH	UBJECT:South Cape II, LLC				
ЗОВЯ	Name of Limited Liability Company				
The en	nclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
		F	rank J. Aloia, Jr., Esq.		
			Name of Person		
	Aloia & Roland, LLP				
	2250 First Street				
Fort Myers, FL 33901					
City/State and Zip Code					
		E-mail address: (	to be used for future annual report notif	ication)	
For fu	rther information	concerning this matter, please of	call:		
		J. Aloia, Jr., Esq.	#t \	791-7950	
	Name	of Person	Area Code & Daytim	c Telephone Number	
Enclos	sed is a check for	the following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisi P.O. E	LING ADDRESS: rration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n rations enter Circle	

## ARTICLES OF AMENDMENT TO **OF**

ARTICLES OF ORGANIZATION South Cape II, LLC

(		<del>7</del> )	
The Articles of Organization for this Limited Liabil Florida document number		December 20, 2007	_ and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Co	mpany," the designation "LLo	C" or the abbreviation
Enter new principal offices address, if applicable	<b>:</b>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addre	ss
_		, Florida	
<del>-</del>	City		Zin 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 **Type of Action Title** Name **Address** MGRM John R. Low 3406 SE 18th Place ☐ Add Cape Coral, FL 33904 ✓ Remove South Cape, LLC MGRM ✓ Add 3406 SE 18th Place Cape Coral, FL 33904. ☐ Remove □ Add ☐ Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 12 2009 Dated Signature of a member or authorized representative of a member John R. Low Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00