

L08000019152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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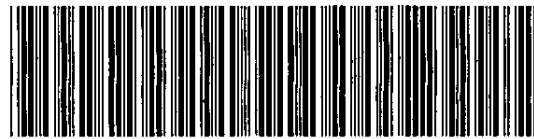
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 10 AM 8:53

T. HAMPTON

MAR 12 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAPE FISH MARKET 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:

Liudmila Almeida  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1023 NW 25 pl  
(Address)

cape coral, fl 33993  
(City/State and Zip Code)

For further information concerning this matter, please call:

Liudmila Almeida at 239 283 2983  
(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**

CAPE Fish Market, 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 2/21/08 and assigned  
Florida document number 208000019152

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."

**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**

| <u>Title</u> | <u>Name</u>      | <u>Address</u>                        | <u>Type of Action</u>  |
|--------------|------------------|---------------------------------------|--|
| MGR          | Gilberto Almeida | 1023 NW 25 Pl<br>CAPE CORAL, FL 33903 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                  |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                  |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 3/6/2008

  
Signature of a member or authorized representative of a member  
Custodia Almeida  
Typed or printed name of signee

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