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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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EXAMINER



COVER LETTER

TO: Registration Division of C	Section Corporations		09404 16 84	
SUBJECT:	South	Cape IV, LLC	2	
SUBJECT:		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	-	
Please return all corre	spondence concerning this matte	r to the following:		
	F	Frank J. Aloia, Jr., Esq.		
		Name of Person		
Aloia & Roland, LLP				
		Firm/Company		
		2250 First Street		
	· · · · · · · · · · · · · · · · · · ·	Address		
	,	Fort Myers, FL 33901		
		City/State and Zip Code		
	E-mail address:	(to be used for future annual report not	ification)	
For further information	n concerning this matter, please	call:		
Fran	k J. Aloia, Jr., Esq.	at (239)	791-7950	
	ne of Person		me Telephone Number	
Enclosed is a check for	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg Div P.O	istration Section ision of Corporations Box 6327 ahassee, FL 32314	STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Cape IV, LLC

iability Company as it now appears on our records.

Claimited Liability Company)

(<u>Name of the Limited Li</u> (A Fl	ability Company as it now apperorida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabs Florida document number	• •	March 30, 2009	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company he	ere:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
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		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addre	288
		, 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 ¹ Manager MGRM = Managing Member Type of Action <u>Title</u> **Name Address** MGR John R. Low 3406 SE 18th Place ☐ Add Cape Coral, FL 33904 ✓ Remove South Cape, LLC MGRM 3406 SE 18th Place ✓ Add Cape Coral, EL 33904 □ Remove ☐ Add Remove 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

Page 2 of 2

John R. Low
Typed or printed name of signee

Filing Fee: \$25.00