

W9 000037466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400156018714

06/15/09--01047--005 \*\*25.00

FILED  
2009 JUN 15 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUN 16 2009

EXAMINER



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EAST CAPE 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:

MARC D. PAGE

Name of Person

EAST CAPE LLC

Firm/Company

4854 DISTRIBUTION COURT UNIT#8

Address

ORLANDO, FL 32822

City/State and Zip Code

marc@eastcapecanoes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARC PAGE

Name of Person

at (407) 506-9644

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

2009 JUN 15 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



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

EAST CAPE 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 4/17/09 and assigned  
Florida document number LO9000037466.

This amendment is submitted to amend the following:

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

N/A - SAME

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)

N/A - SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A - SAME

FILED  
2009 JUN 15 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

N/A - SAME

New Registered Office Address:

N/A - SAME

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
-------	------	---------	----------------

MGRM	ROBERT HERRELL	4854 DISTRIBUTION COURT#8 ORLANDO, FL 32822	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
------	----------------	--	--

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

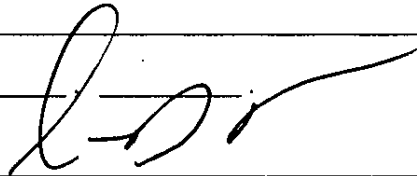
2009 JUN 15 AM 10:54  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA

FILED

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

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

Dated \_\_\_\_\_



6/11/09

Signature of a member or authorized representative of a member

MARC D PAGE

Typed or printed name of signee