## L0900089390

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SECRETARY OF STATE

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## COVER LETTER

TO:	Registration Se Division of Cor			
CUDI		ME OWNERS, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		BARBARA RUIZ-GONZ	ALEZ, ESQ.	
			Name of Person	
		RUIZ-GONZALEZ LAW	, PLLC	
			Firm/Company	·
		PO BOX 833059		
			Address	··
		MIAMI, FL 33283		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	•
		barbara@ruizgonzalezław.c	com to be used for future annual report notif	Secretary .
For fu	rther information c	e-mail address: ( oncerning this matter, please of	·	ncanon)
BARI	BARA RUIZ-GON		at () 814.4224 Area Code Daytime	
-	Name o	f Person	Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	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 HOME OWNERS, LLC				
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Lia  Florida document number L09000089390	ability Company	were filed on APRIL	27, 2012	and assigned
his amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
N/A				
he new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applica	ble:	709 CAPE CORAL	PARWAY WEST	
Principal office address MUST BE A STREET		CAPE CORAL, FL	33914	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE B	3 <i>0X</i> )	709 CAPE CORAL CAPE CORAL, FL		
3. If amending the registered agent and/o egistered agent and/or the new registered off	C.		r records, <u>ente</u>	r the cname of the n
Name of New Registered Agent:	RONALD ST.	CLAIR		227
New Registered Office Address:	709 CAPE CO	RAL PARWAY WEST		Tc ≩
	0.00.000	Enter Florida s	treet address -	10 <del>1</del>
	CAPE CORAL	City	, Florida <u>_</u>	3914: E Zip Code
		City.		гэр соае

## 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 605. 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

MGR = M AMBR = A	Aanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	RONALD ST. CLAIR	709 CAPE CORAL PRKWAY W	Add
		CAPE CORAL, FL 33914	□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
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	•
ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing:  If the date inserted in this block does not meet the applicable statutor	
ument's effective date on the Department of State's records.	, ,g
record specifies a delayed effective date, but not an effec ne 90th day after the record is filed.	tive time, at 12:01 a.m. on the ea
te sour day after the record is filed.	
DEGENTACE 20	
ed DECEMBER 20 / 2017	

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Typed or printed name of signee

Filing Fee: \$25.00