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SECRETARY OF STATE

2011 APR -8 PH 4: 45

J. SAULSBERRY EXAMINER

APR 11 2011

COVER LETTER

TO: Registration Section Division of Corporation	ions .		
SUBJECT: CAP	HOMES LLC		
	Name of Limited Liability Company		
The enclosed Articles of Amend	dment and fee(s) are submitted for filing.		
Please return all correspondence	e concerning this matter to the following:		
	Deborah Poole Name of Person		
			•
	CAP HOMES LLC Firm/Company		
	5725 Lakeland Highlands Rd Address Lakeland FL 338/3 City/State and Zip Code F br ran i @ msn : Com E-mail address: (to be used for future annual report notification)	2011 APR - SECRETAR TALLAHASS	
	Lakeland FL 33813	APR AHA	emeterus Es
	City/State and Zip Code	388 483 8-	1
	rbrrani@msn.com	PH 4: 45 OF STALE TE.FLORIDE	1
		25. F.	
For further information concerni	ing this matter, please call:	\$ 5	
Deborah Pou	0/0 01863 619-8448		
Name of Person	at (863) 6/9 - 8448 Area Code & Daytime Telephone Number		
Enclosed is a check for the follo	owing amount:		
	30.00 Filing Fee & Status S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed)	of Status &	
MAILING AI	DDRESS: STREET/COURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City		Zip Coo	de	
		Florida			
New Registered Office Address:	Enter	Florida street addre.	SS		_
Name of New Registered Agent:					
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the	name		new
	-		900 800 800 800 800 800 800 800 800 800	±.5	1,44
(Mailing address MAY BE A POST OFFICE BOX)	 		- 1	<u> </u>	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	SEE SEE	<u> </u>	- ((
			NETA HAS	PR.	1.3
17 THE COME OF THE WAR COST NO. 17 COST OF THE COST PROPERTY OF THE COST				=	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDI	PRESS)		7		
"L.L.C."					
The new name must be distinguishable and end with the wo	ords "Limited Liability Company,	" the designation "LL	C" or the	abbrev	riation
A. If amending name, enter the new name of the lim	nited liability company here:				
This amendment is submitted to amend the following:					
Florida document number <u>L/0000 4</u> 2)	145	·-·			
The Articles of Organization for this Limited Liability C			and a	ssigned	ļ.
(Name of the Limited Liability (A Florida	ty Company as it now appears of Limited Liability Company)	n our records.)			
CAP HOMES LLC					

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 Charles Poole 5725 Lakeland Highlands Rd Add Lakeland FL 33813 Rem MGR ☐ Add Remove _ Add □Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized representative of a member) eborah A Poole Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00