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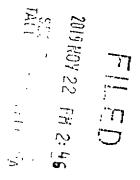
(Re	equestor's Name)	- -
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Division of C			
NEPTUN SUBJECT:	VE CAPE HAZE, LLC		
	Name of Limited	Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submit	ted for filing.	
Please return all corres	pondence concerning this matter to	he following:	
	ANDRE deQUERVAIN		
		Name of Person	
	P.O. Box 3516	Firm/Company	
	Placida, FL 33946	Address	
	(,	ity/State and Zip Code	
	E-mail address: (to be	used for future annual repor	n notification)
For further information	concerning this matter, please call:		
Ernest W. Sturges, Jr.		941 625-666	56
Name	of Person	Area Code D	aytime Telephone Number
Enclosed is a check for a	the following amount:		
₩ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ Certificate of Status	3 \$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

(Name of the Limited Liability Company a (A Florida Limited Liabi	lity Company)			
The Articles of Organization for this Limited Liability Company wer		а	ııd assig	med
Florida document number L11000061020		······································	ard dasig	,iicu
Florida document number				
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 contain the words "Limited Liability C	ompany," the designation "LLC" or the	abbreviat	ion "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			· · · · · ·	
· -				
Enter new mailing address, if applicable:				
				<u></u>
(Mailing address MAY BE A POST OFFICE BOX)				
_				
•		.: 1	20	
B. If amending the registered agent and/or registered office	address on our records, ente	r the n	ame of	the new
registered agent and/or the new registered office address here:			1 57	
			N	
Name of New Registered Agent:			1/0	i
		•	٦Ě	
New Registered Office Address:		·	<u>- ۲</u> 2	
	Enter Florida street address	_;	£ 5	
	, Florida _			
· · · · · · · · · · · · · · · · · · ·	City		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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ANDRE deQUERVAIN	P.O. Box 3516	
-		Placida, FL 33946	
		Fractica, F1, 33940	
MGR	ESTHER MAISCH	P.O. Box 3516	
		Placida, FL 33946	
			□ Remove
			Add
		□ Re	□ Remove
			□ Change
			Remove
			☐ Change
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ctive date if other than the	date of filing:		/^'- N	
ective date, if other than the effective date is listed, the date must be listed to the block of the date of the block of the date in the block of the date in the block of th	t be specific and cannot be pr	ior to date of filing or more	than 90 days after filing.) Pursu	ant to 605.02
e: If the date inserted in this blument's effective date on the D	ock does not meet the app	ilicable statutory tiling n	equirements, this date will no	ot be listed:
ecord specifies a delayed	l effective date, but	not an effective tim	e, at 12:01 a.m. on th	e earlier
ne 90th day after the rec	ord is filed.			
November 19	2019			
ed		·		
	/ \ \	-		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00