## 111000069151

(Request	tor's Name)	
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## **COVER LETTER**

Divi	ision of Corp	orations			
SHR IFCT:	1818 Cape C	oral Pkwy, LLC			
SUBJECT.		Name of Limit	ed Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspon	dence concerning this matter to	o the following:		
		Bill McFarland			
		Name of Limited Liability Company  endment and fee(s) are submitted for filling.  nee concerning this matter to the following:  Bill McFarland  Name of Person  Bill McFarland, P.A.  Firm/Company  2930 Del Prado Boulevard, #A  Address  Cape Coral, Florida 33904  City/State and Zip Code shaffner@gmail.com  E-mail address: (to be used for future annual report notification)  erning this matter, please call:  at (239			
		Bill McFarland, P.A.			
-			Firm/Company		
		2930 Del Prado Boulevard,	ΨA		
			Address		
		Cape Coral, Florida 33904			
			City/State and Zip Code		
		rshaffner@gmail.com			
		E-mail address: (te	be used for future annual rep	ort notification)	
For further in	iformation co	ncerning this matter, please cal	II:		
Bill McFarla	and				
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a	e check for the	e following amount:			
□ \$25.00 F	iling Fec	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certifica d) Certified	te of Status & Copy

MAILING ADDRESS:

JO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

1818 Cape Coral Pkwy, LLC				
( <u>Name of the Limited Liah</u> (A Flor	b <mark>ility Compan</mark> rida Limited Li	y as it now appears or ability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number [1.11000069151]	v Company v	were filed on 06/14/	2011 and assigned	
This amendment is submitted to amend the following:	;			
A. If amending name, enter the new name of the li	imited liabil	lity company here:		
The new name must be distinguishable and contain the words "L	Limited Liabili	ty Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		13650 Fiddlesticks Boulevard		
(Principal office address MUST BE A STREET AD)	DRESS)	Box 202-387		
	<del></del>	Fort Myers, Florida 33912		
Enter new mailing address, if applicable:		13650 Fiddlesticks	Boulevard	
(Mailing address MAY BE A POST OFFICE BOX)		Box 202-387 Fort Myers, Florida 33912		
		Port wivers, Florida	133415	
Name of New Registered Agent.	ddress here	: fner eks Boulevard, Box 2		
		r.mer r ioriaa		
Por	rt Myers	City	, Florida 33912 Zip Code	
New Registered Agent's Signature, if changing Registe	ered Agent:		·	
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	nt and agre d complete p l agent as p ered office o	performance of my rovided for in Cha	platies, and I am familing with and input of the plate of	

If Changing Registered Agent, Signature of New Registered

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>	Address	Type of Action
MGRM	Dov Langer	2930 Del Prado Boulevard, #D	□ Add
<del></del>		Cape Coral, Florida 33904	
		<del></del>	■ Remove
			Change
MGRM	Andrey Tolkachev	2930 Del Prado Boulevard, #D	
<del></del>		Cape Coral, Florida 33904	Add
			Remove
•			□ Change
MGR	Jean-Philippe Gosselin	13650 Fiddlesticks Boulevard	_
		Box 202-387	
			☐ Remove
		Fort Myers, Florida 33912	Change
MGR	Richard H. Shaffner	13650 Fiddlesticks Boulevard	
		Box 202-387	Add
			Remove
		Fort Myers, Florida 33912	SECO Garage
			2018 AUG 2 SECRETALLAN
			RESOVE O
			AMAGOVE OSSEE, FL
			Add
			☐ Remove
			Change

D. (If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
		<del></del>		
. —				
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		TE	9	
(If an effective d <u>Note:</u> If the (	ate, if other than the date of filing:  date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Per date inserted in this block does not meet the applicable statutory filing requirements, this date wire effective date on the Department of State's records.			
If the record s (b) The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on day after the record is filed. $\cap$	the e	earlier	of:
Dated	4 ugust 22 2018			
	Signature of a member or authorized representative of a member			
_	Typed or printed name of signee		_	

Page 3 of 3

Filing Fee: \$25.00