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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	-
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Sta	itus
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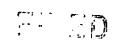
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## **COVER LETTER**

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01 <b>10 13</b> 69	1818 Cape (	Coral Pkwy, LLC	
SUBJECT	l:	Name of Lim	ited Liability Company
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.
Please retu	irn all correspo	ndence concerning this matter	to the following:
		Gordon Duncun	
		<del></del>	Name of Person
		Name of Limited Liability Company	
			Firm/Company
		Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  Gordon Duncan  Name of Person  Duncan & Associates, P.A.  Firm/Company  PO Box 249  Address  Fort Myers, FL 33902  City/State and Zip Code  gordon@duncemassociateallecum  E-mail address: (to be used for future annual report antification)  Formation concerning this matter, please call:  can  Name of Person  at 239  Area Code  Tarea Code  Daytime Telephone Number  Certificate of Status  Certificate Copy  (additional copy is enclosed)  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  City State and Zip Code  Address  Formal Address  For Myers, FL 33902  City/State and Zip Code  Address  Formal Address  For Myers, FL 33902  City/State and Zip Code  Address  For future annual report antification)  Daytime Telephone Number  SCO.00 Filing Fee, Certificate of Status & Certificate Copy  (additional copy is enclosed)  MAILING ADDRESS:  Registration Section  Division of Corporations  City Status  City Status  Certificate Copy  (additional copy is enclosed)	
			Address
		Fort Myers, FL 33902	
			City/State and Zip Code
p c 1	- ,-		
		oncerning this matter, please of	all:
Gordon D			
	Name of	Person	Area Code Daytime Telephone Number
Enclosed i	s a check for th	e following amount:	
	) Filing Fee	☐ \$30.00 Filing Fee &	Certified Copy Certificate of Status & Certified Copy
	Registra Divisio P.O. Be	ation Section n of Corporations ox 6327	Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32301

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



2013 JUL 26 PM 12: 40

1818 Cape Coral Pkwy, LCC

(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 $\frac{00}{2}$	6/14/2011	an	d assigned
Florida document number L11000069151	<del></del>				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liabi	ility company h	ere:		
The new name must be distinguishable and contain the words "Li	imited Liabil	ity Company," the	designation "LLC" (	or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADL	DRESS)		·		
			······································		
Enter new mailing address, if applicable:					·· <del></del>
(Mailing address MAY BE A POST OFFICE BOX)					
		<del>.</del>	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	•		our records,	enter the na	me of the new
Name of New Registered Agent:	·				
New Registered Office Address:	<u>.</u> .	Enter Flo	rida street address		
				:4	
		City	, Flor	Zip (	Code
New Registered Agent's Signature, if changing Register	red 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

Title	<u>Name</u>	Address	Type of Action
MGR	Gosselin, Jean-Philippe		□ Add
			<b>≅</b> Remove
	North		☐ Change
Membe €	Sun Capital, LLC		Add
			<b>≅</b> Remove
		<del> </del>	□ Change
			Add
			☐ Change
	<del></del>		Add
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an effective data ote: If the da		must be specific an s block does not	id cannot be prior to meet the applical		ore than 90 days aft	tional) er filing.) Pursuant to nis date will not be	
	ecifies a dela lay after the r			an effective ti	me, at 12:01	a.m. on the ea	arlier o
nted July	22	1 00	2019	<u>;</u>			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00