

L12000078840

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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STATE OF FLORIDA
TALLAHASSEE

J. BRYAN

SEP 10 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cabo Delray, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Delia Valles

Name of Person

Cabo Delray, LLC

Firm/Company

11701 Lake Victoria Gardens Ave #5101

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

deli@caboflats.com

E-mail address: (to be used for future annual report notification)

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2012 SEP -7 PM 2:50
TALLAHASSEE, FL 32301
REGISTRATION SECTION
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Delia Valles

Name of Person

at (561)

624-0024

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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**

Cabo Delray, LLC

(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 June 13, 2012 and assigned Florida document number L12000078840.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Delia Valles

New Registered Office Address:

11701 Lake Victoria Gardens Ave #5101

Enter Florida street address

Palm Beach Gardens

Florida

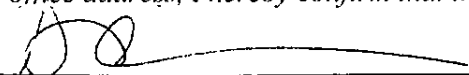
33410

City

Zip 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Scott Sommer	11701 Lake Victoria Gardens Ave Suite 3102 Palm Beach Gardens, FL 33410	☐ Add ☒ Remove
MGR	Delia Valles	11701 Lake Victoria Gardens Ave Suite 3102 Palm Beach Gardens, FL 33410	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2012 SEP - 7 PM 2:50
SECRETARY OF THE
PALM BEACH COUNTY BOARD OF
ADMINISTRATIVE SERVICES

Dated _____,

Signature of a member or authorized representative of a member

Delia Valles

Typed or printed name of signee .