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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Jet's Cape South 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:
Nicholas A. Barralo Name of Person
Firm/Company
80 Hancock Bridge Parkway Wes
Cano Coval, FL 33991 G-24
City/State and Zip Code    City/State and Zip Code   City/State and Zip Code   City/State and Zip Code   City/State and Zip Code
For further information concerning this matter, please call:
Nicholas Barraco at (S86) 873-0438  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ 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 Florida Limited Liab	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L14000107.6</u> 29	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  The new name must be distinguishable and end with the words "Limited Liability".	LC.
	y company, the designation libror of the approximation libror.
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Ald U
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	SSECOF SHAPE OF STATE
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

### 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			☐ Aðd
			□ Remove
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ffective date, if other than he effective date must be specific, of he date this document is filed by the	cannot be prior to date of receipt or filed date and cannot b	(optional) e more than 90 days after
コ フム	. 2014.	
Dated	- '	
Dated 1-50 Hickorles	Signature of a member or authorized representative	

TILED

WANG-I PM 1:-15

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Filing Fee: \$25.00