

L1400022231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

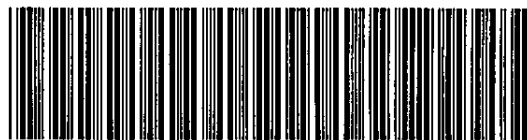
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

2014 SEP 29 PM 3:40

FILED

OCT 02 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2014

CHRISTINA PETERSON
1691 PRIDE AUX RD
OSTEEN, FL 32764

SUBJECT: CABB GROUP, LLC
Ref. Number: L14000122231

We have received your document for CABB GROUP, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 514A00019586

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cabb Group, 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:

Christina R. Peterson

Name of Person

Cabb Group, LLC

Firm/Company

1691 Prideaux rd

Address

Osteen, FL 32764

City/State and Zip Code

cabbgroup@gmail.com

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

For further information concerning this matter, please call:

Christina Peterson

Name of Person

at (386)

Area Code

216-6816

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

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SEP 29 2014

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

Cabb Group, 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 8/5/2014 ^{CAB} and assigned
Florida document number L14000122231

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)

2400 S Ridgewood Ave ^{Unit #25}
South Daytona, FL 32119

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRISTINA R. Peterson	1691 PRIDEAUX RD OSTEEN, FL 32764	☒ Add ☐ Remove
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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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

It is my desire to correct the
Physical Address of the Company.
And Add A managing member
With this Amendment Effective
7/31/14 Please call if you have ANY Questions

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 8/29/14, 2014

Christina R Peterson

Signature of a member or authorized representative of a member

CHRISTINA R. Peterson

Typed or printed name of signee

STATE TREASURY
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SEP 29 2014

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