

L150000/6032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

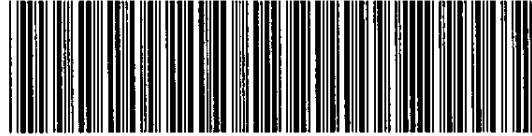
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Effective
date
8/31/15

Office Use Only



800276341558

08/27/15--01007--026 **25.00

L15-16032
Amend

FILED
15 AUG 27 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP -1 2015

N. CAUSSEAU

COVER LETTER

**TO: Registration Section
Division of Corporations**

• Cajun Cove LLC

SUBJECT: _____
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:

William Flood

Name of Person

Cajun Cove LLC

Firm/Company

3000 Nassau Drive

Address

Vero Beach, FL 32960

City/State and Zip Code

wflood@sdslink.com or bflood@sdslink.com

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

For further information concerning this matter, please call:

Betsy Flood

772 564-0060

at ()

Name of Person

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Betsy B. Flood	3000 Nassau Drive	☒ Add
		Vero Beach, FL 32960	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
15 AUG 27 PM 1:11
SUNSHINE STATE FLORIDA
TALLAHASSEE

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

SECRET
TALLAHASSEE, FLORIDA
JAN 13 1951

15 AUG 27 PM 1:11
SECRET
STATE
TALLAHASSEE, FLORIDA
3

E. Effective date, if other than the date of filing: August 21, 2015 August 31, 2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____.

Signature of a member or authorized representative of a member

Typed or printed name of signee