

L15000122607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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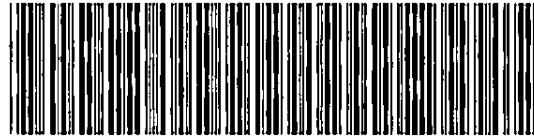
(Business Entity Name)

(Document Number)

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NOV 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAW 1, 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:

MARTYN J. MOORE
Name of Person

—O—
Firm/Company

920 ANGLE RD
Address

FORT PIERCE, FLORIDA 34947
City/State and Zip Code

RAY @ SHORELINEUNDERGROUND.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAYMOND S. KANE at (561) 574 9818
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

CAW 1, 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 11-10-2018 and assigned Florida document number L15000122607

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

— 0 —

The new name must be distinguishable and contain 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)

920 ANGLE ROAD
FT PIERCE, FLORIDA 34947

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

920 ANGLE ROAD
FT. PIERCE, FLORIDA 34947

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:

DEBORAH R. COURTNEY

New Registered Office Address:

8301 S. INDIAN RIVER DR.

Enter Florida street address

FT. PIERCE

City

Florida

34982

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.

Deborah R. Courtney
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NICHOLAS S. KANE		<input type="checkbox"/> Add
		8301 S. INDIAN RIVER DR FT PIERCE, FL 34982	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TOYAH J. MOORE		<input type="checkbox"/> Add
		911 ANGLE ROAD FT PIERCE, FL 34947	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DEBORAH R. COURTNEY	8301 S. INDIAN RIVER DR FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARK D. REPASKY	2009 W. RANDOLPH CR TALAHASSEE, FL 32308	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

100

N/A

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.

Dated 11-10, 2018

Signature of a member or authorized representative of a member

MARTYN J. MOORE
Typed or printed name of signee