L15000 124 810

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· -
Special Instructions to Filing Officer:
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) entified Copies Certificates of Status
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status

Office Use Only



900337307809

12,93/19--81133--339 **35.60



JAN 0 8 2020 S. YOUNG

COVER LETTER

, .

TO:

	Registration Sec Division of Corp			
eun irc	CAPO 7 LL			
SUBJEC	Г:		ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter	to the following:	
		Shawn Powers		
			Name of Person	
		Law Office of Ryan S. Shi	pp. PLLC	
			Firm/Company	
		814 W. Lantana Road, Suit	te I	
			Address	
		Lantana, Florida 33462		
			City/State and Zip Code	
		E-mail address; (to be used for future annual report notific	eation)
For furthe	r information co	oncerning this matter, please ca	ali:	
Shawn Po	owers		561 6990399 at ()	
Name of Person		Person		Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
I	Mailing Address Registration S Division of Co	section orporations	Street Address: Registration Sect Division of Corp	orations
	P.O. Box 632 Fallahassee, F		The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPO 7 LLC		•	
(Name of the Limited Liability (Company as it now appears on our re mited Liability Company)	cords.)	్టు ———
(A Fibrida El	miled Elability Company)		
he Articles of Organization for this Limited Liability Con	npany were filed on <u>07/21/2015</u>	:-	_ ⇔ _ and assigned
lorida document number L15000124810			<u>-</u>
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "	'LLC" or the abbre	eviation "L.L.C."
•			
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADDRE.</u>	<u></u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
Muning unaress MAT DL AT OST OFFICE DON			
N 16 N N N N N N N N N N N N N N N N N N			
If amending the registered agent and/or registered of agent and/or the new registered office address here;	office address on our records, <u>er</u>	nter the name	of the new regist
gent and/or the new registered office address nere.			
Name of New Registered Agent:	 		<u>.</u>
New Registered Office Address:			
	Enter Florida street ad	ddress	
		, Florida	
	City	<u> </u>	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 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>	Address	Type of Action
MGR	Basile, Joseph	555 Hypoluxo Road Ste B, Lantana, FL 33462	□Add
			□Remove
			■ Change
			□Add
			□Remove
			□Change
			
			=Remove
			□Change
			□Add
			Remove
			DChange
		<u> </u>	🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			TChange

Page 2 of 3

PLLC at 561,699,0399 with a	ny questions or concerns.			
				
				
	-			
<u> </u>				
ective date, if other than the effective date is listed, the date must	date of filing:		(optional)	
e: If the date inserted in this blo	ock does not meet the applic	able statutory filing rec		
ument's effective date on the De	partment of State's records	•		
ropord aposition a delayed	offostivo dato, but no	et an offostiva tima	at 13:01 a.m. on the	ممطامح
record specifies a delayed he 90th day after the reco		it an effective time	, at 12:01 a.m. on the	earner
November 29 ed	2019	·		
\				