## 115000/33426

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08/17/15--01019--012 \*\*25.00

SECHETARY OF STATE

AUG 1 9 2015 T. HAMPTON

## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	CABANA	ROAD HOLDINGS LLC		
Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		BRIAN J. MYLETT		
			Name of Person	· · · ·
		CABANA ROAD HOLDI	NGS LLC	
			Firm/Company	····
		742 US HIGHWAY ONE,	STE 210	
			Address	*
		NORTH PALM BEACH,	FL 33408	
			City/State and Zip Code	
		BETHANY@CAPITALCO		<del></del>
		E-mail address: (i	to be used for future annual report notifi	cation)
For further in	nformation c	oncerning this matter, please ca	all:	
BRIAN J. M	IYLETT		561 707-2710 at ( )	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
\$25.00 F	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

TO:

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 (A Florida Li	Company as it now appears on our recormited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Con Florida document number L15000133426	npany were filed on 8/5/15	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limiter	d liability company here:	·
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		The same of the sa
(Principal office address MUST BE A STREET ADDRES	<u> </u>	ARRY OF STATE
Enter new mailing address, if applicable:		OS ORIG ORIG
(Mailing address MAY BE A POST OFFICE BOX)		Þ
B. If amending the registered agent and/or register registered agent and/or the new registered office addressed Name of New Registered Agent:		ds, <u>enter the name of the</u>
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addre	ess
	R	lorida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CADANA DOAD HOLDINGS LLC

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	BETHANY TOMLINSON	742 US HWY ONE, STE 210	□ Add
		N. PALM BEACH, FL 33408	Remove
			Change
MGR	CAPITAL 21, LLC	742 US HWY ONE, STE 210	<b>∏</b> Add
		N. PALM BEACH, FL 33408	Remove
			☐ Change
			☐ Add
			☐ Remove
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Effective date, if other than the	date of filing:		(op	tional)	<b>605 030</b> 5
If an effective date is listed, the date mus Note: If the date inserted in this blo document's effective date on the De	ock does not meet the	applicable statutory	g or more than 90 days and filing requirements, the	nis date will not be	listed as
ne record specifies a delayed The 90th day after the reco		ut not an effect	ive time, at 12:01		arlier of
AUGUST 12	2015			15 AUG SECKET	
Dated	// M	110		HAS STAB	Quarter .
/				ATTITOS SFT. FLORI	. [7]

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00