

216000093387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

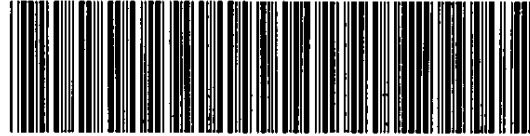
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY 23 P 4:05

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MAY 24 2016
J BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1191 CABANA, 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:

Greg DeLange

Name of Person

1191 CABANA, LLC

Firm/Company

2865 PGA Boulevard

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

BETHANY@CAPITALCORPORAITONS.COM

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

For further information concerning this matter, please call:

BETHANY TOMLINSON

Name of Person

561
at ()

Area Code

624-4408

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

SECRETARY OF
STATE
TALLAHASSEE, FL

2016 MAY 23 P 14 05

FILED

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

1191 CABANA, 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 5/13/16 and assigned
Florida document number L16000093387.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2865 PGA BOULEVARD

(Principal office address MUST BE A STREET ADDRESS)

PALM BEACH GARDENS, FL 33410

Enter new mailing address, if applicable:

2865 PGA BOULEVARD

(Mailing address MAY BE A POST OFFICE BOX)

PALM BEACH GARDENS, FL 33410

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:

Greg DeLange

New Registered Office Address:

2865 PGA Boulevard

Enter Florida street address

Palm Beach Gardens

City

Florida

33410

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Greg DeLange	2865 PGA Boulevard	<input type="checkbox"/> Add
		Palm Beach Gardens, FL 33410	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2023 MAY 23 11:05 AM
TALLAHASSEE, FLORIDA
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Page 3 of 3
Filing Fee: \$25.00

g. Pursuant to 605.0207,
e will not be listed as t