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Florida Department of State
Division of Corporations
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To:

Division of Corporations.
Fax Number : (850) 617-6383

From:

Account Name : HINSHAW & CULBERTSON LLP
Account Number : I20110000017
Phone : (954) 375-1155
Fax Number : (954) 467-1024

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAPSHAW PROPERTIES, LLC.

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TALLAHASSEE, FLORIDA

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Help

Aug 31 2016 14:02

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H16000212945 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAPSHAW PROPERTIES, 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:

Steven C. Cronig
Name of Person

Hinshaw & Culbertson LLP
Firm/Company

2525 Ponce de Leon Blvd., 4th Floor
Address

Coral Gables, Florida 33134
City/State and Zip Code

SCC@HinshawLaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven C. Cronig
Name of Person

at (305)
Area Code

358-7747
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

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TALLAHASSEE, FLORIDA

H16000212945 3

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

A16002129453

CAPSHAW PROPERTIES, 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 June 13, 2016 and assigned

Florida document number L1600013435

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:

(Principal office address MUST BE A STREET ADDRESS)

4100 Northeast Second Avenue

Suite 307

Miami, FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4100 Northeast Second Avenue

Suite 307

Miami, FL 33137

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

A16002129453

H1600212945 3

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

Title	Name	Address	Type of Action
MGR	Francis H. Scola III	4100 Northeast Second Avenue	☒ Add
		Suite 307	☐ Remove
		Miami, FL 33137	☐ Change
MGR	Steven C. Cronig	2525 Ponce de Leon Blvd., 4th Floor	☐ Add
		Coral Gables, FL 33134	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Remove
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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H1600212945 3

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

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TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ (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 August 26, 2016

Signature of a member or authorized representative of a member

Steven C. Cronig

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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