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D. SCOTT SEP 8 0 2016



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Writer's Email: mgentzle@cyklawfirm.com

**SENT VIA FEDEX** 

September 28, 2016

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Cape May to Beach, LLC

Dear Sir or Madam:

Enclosed please find our check in the amount of \$25.00, which represents payment for the Filing Fee of the Articles of Amendment to Articles of Organization. Also enclosed is the Articles of Amendment to Articles of Organization of Cape May to Beach, LLC.

If you have any questions or need additional information, please do not hesitate to contact us at 239-435-3535.

Sincerety

Michael D. Gentzle

/mlt

## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations			
CAPE MA	Y TO BEACH, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Michael D. Gentzle, Esq.			
		Name of Person		
	Firm/Company			
•				
		Address		
	Naples, FL 34103			
		City/State and Zip Code		
	Skip837@aol.com  E-mail address: (	to be used for future annual report notificati	on)	
For further information c	concerning this matter, please c	all:	SECON SE T	
Michael D. Gentzle, Esq	ŀ	239 435-3535 at ( )	lephone Number	
Name o	of Person		ephone Number	
			To Significant	
Enclosed is a check for t	he following amount:		29	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Solution Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPE MA	AY TO BEACH, LLC	•
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Con Florida document number L16000179397	mpany were filed on September 26, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
CAPE MAY BEACH TO BAY, LLC		
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		er the name of the ne
•		TES 6
Name of New Registered Agent:		FO SE T
New Registered Office Address:	Enter Florida street address	28 P
·	, Florida	ZIP Code
New Registered Agent's Signature, if changing Registered	•	29

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Add
			Remove
			Change
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effective date is listed, the date: If the date inserted in t	te must be specific and	d cannot be prior to	date of filing or n	ore than 90 days af		
ument's effective date on	the Department of S	State's records.	ne statutory min	g requirements, t	ins date will hory.	29
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		zemu/	zed representative			_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00