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	Registration Se Division of Cor			
SUBJEC	Cape Coral	RV & Boat Storage, LLC		
SOBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Lori L. Moore, Esq.		
			Name of Person	
		Roetzel & Andress, LPA		
			Firm/Company	
		2320 First Street		
			Address	
		Fort Myers, FL 33901		
			City/State and Zip Code	•
		lmoore@ralaw.com		
		E-mail address: (to be used for future annual report notifi	ication)
For furth	er information c	oncerning this matter, please c	all:	
Lori L. M	Moore, Esq.		239 338-4248 at ()	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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)
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cape Coral RV & Boat Storage, LLC		
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on	and assigned
Florida document number L16000190352		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Diplomat RV & Boat Storage, LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:	gi ya	/
(Principal office address MUST BE A STREET ADDRESS)		(22.2)
		(*)
	グ) ユラ ペカーペ	ا م
T-4	m of	> <u>m</u>
Enter new mailing address, if applicable:	07	
(Mailing address MAY BE A POST OFFICE BOX)	OR DE	-
		<u>~</u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		name of the new
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am fami ovided for in Chapter 605, F.S. Or, if th	liar with and his document is

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
			□ Add
			□ Remove
		<u></u>	Change
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r amending any other information, er	nter change(s) here: (Attach additional sheets, if ne	cessary.)
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if an effective date is listed, the date must be specified.	of filing: (op cific and cannot be prior to date of filing or more than 90 days af	tter filing.) Pursuant to 605.020
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing requirements, tent of State's records.	ms date will not be fisted a
ne record specifies a delayed effec The 90th day after the record is	ctive date, but not an effective time, at 12:01 filed.	La.m. on the earlier o
December 7	2016	22
)	28.50 P
	ruce / I rady	岩州 居
Signatu	are of a member or authorized representative of a member	PSSEE C
Bruce T. Grady, Manager		T P
	Typed or printed name of signee	A II: Ob
		·

Filing Fee: \$25.00