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DIVISION OF CONTUCTATIONS

FILED

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## **COVER LETTER**

TO: Registration Sec Division of Corp	
SUBJECT:	CAPE ISLE SANDPIPER LLC  Name of Limited Liability Company
The enclosed Articles of a	Amendment and fee(s) are submitted for filing.
	ndence concerning this matter to the following:
	Thomas S. Gibson
	Name of Person
	Rish & Gibson PA
	Firm/Company
	P. O. Box 39
	Address
	Port St. Joe, FL 32457
	City/State and Zip Code
	tg1bson@psjlaw.com E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
	Thomas S. Gibson at ( 850 ) 229-8211
	f Person Area Code Daytime Telephone Number
Enclosed is a check for the	
□XX\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status  Certified Copy (additional copy is enclosed)  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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPE ISLE SANDPIPER LI	LC		<u></u> -
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears : Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company			_ and assigned
Florida document number <u>L17000166968</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the des	ignation "LLC" or the abbre	eviation "L.I.C."
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET ADDRESS)			
			25.52 ED
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on re:	our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	
	City		Zip Code
and the contract of the contra	<b>4</b> ·		

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
			Add
			☐ Remove
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Filing Fee: \$25.00