L17000 256267

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H17000328249 3)))



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To:

Division of Corporations

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Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

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

Email Address: bwkirkl@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAVALLINO HOLDINGS, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

(((H17000328249 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cavallino Holdings, LLC		
(Name of the Limited Llab) (A Florid	lity Company as It now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on December 6, 2017	and assigned
Florida document number L17000250267	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		200
(Principal office address MUST BE A STREET ADD	RESS)	70
		<u> </u>
		20 888
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		× 0 × 0
B. If amending the registered agent and/or regi registered agent and/or the new registered office ado		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Florio	
	Ciù.	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

Page 1 of 3

(((H17000328249 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Peter S. Cahall	140 Park Avenue, Suite 200	■ Add
		Winter Park, 14, 32789	□ Remove
			Change
			□ Add
			☐ Remove
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		·
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or mote: If the date inserted in this block does not meet the applicable statutory filing become it's effective date on the Department of State's records	(optional) were than 90 days after filing) Pursua og requirements, this date will no	ant to 605 020 of be fisted a:
record specifies a delayed effective date, but not an effective t The 90th day after the record is filed.	time, at 12:01 a.m. on the	e earlier o
ned December 14. 2017	of a member	

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Filing Fee: \$25.00