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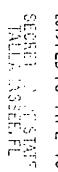
(R	Requestor's Name)	
(A	ddress)	
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(C	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nar	me)
(C	Occument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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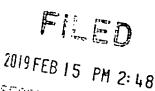
R. WHITE

FEB 2 1 2019

2019 FFR 15 PM 2: L



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



P57 CAPE COARL 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 $\frac{03/22/2018}{-}$ __ __ and assigned Florida document number L18000074508 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 , Florida City

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ARNOLD, MATTHEW T	4308 SUNSET CT #106	
		(24 IN 27 (20 IA I - 12 I - 22 I/A I	Add
		CAPE CORAL, FL 33904	≅ Remove
			Change
			
			Remove
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n effect <u>te:</u> If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
ed _	2/12 .2019.
	<i>(</i> **)
	Signatury of a member or authorized representative with member

Page 3 of 3

Filing Fee: \$25.00