# L18000271991

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
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|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



200398923912

2023 JAH 12 AM 10: 16

RECEIVED

## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 01/12/2023       | _   | <i>⇔WALK IN</i> * |
|-----------------------|---|-------------------|
| ENTITY NAME THE C     | PAL AT CAPE CORAL LLC   |                   |
|                       |   |                   |
| DOCUMENT NUMBER_      |   | <del></del>       |
|                       | **PLEASE FILE THE ATTACHED AND RETURN**   |                   |
| xxxxxx                | Plain Copy  |                   |
| ·                     | Certified Copy  |                   |
|                       | Certificate of Status   |                   |
| **                    | PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments |                   |
|                       | Certificate of Good Standing  |                   |
|                       | **APOSTILLE' / NOTARIAL CERTIFICATION**   |                   |
| COUNTRY OF DESTINA    | TION  | _                 |
| NUMBER OF CERTIFICA   | ITES REQUESTED  |                   |
| TOTAL OWED \$25       | ACCOUNT #: I20160000072   |                   |
|                       | 5 R 7/10  |                   |
| Please call Tina at t | the above number for any issues or concerns. Thank you so                               | much!             |

#### **COVER LETTER**

.

Tallahassee, FL 32314

| TO: Registration of        | on Section<br>Corporations                   |   |  |  |  |
|----------------------------|--|---|--|--|--|
|                            | OPAL AT CAPE CORAL LLC                       |   |  |  |  |
| SUBJECT:                   | Name of Lim                                  | ited Liability Company  |  |  |  |
| The enclosed Article       | es of Amendment and fee(s) are sub           | mitted for filing.  |  |  |  |
| Please return all corr     | respondence concerning this matter           | to the following:   |  |  |  |
|                            |  |   | THE PERSON   |  |  |
|                            |  | Name of Person  |  |  |  |
|                            | Corpex Inc.                                  |   |  |  |  |
|                            |  | Firm/Company  |  |  |  |
|                            | PO Box 1176                                  |   |  |  |  |
|                            |  | Address   |  |  |  |
|                            | Monsey, NY 10952                             |   |  |  |  |
|                            | admin@corpexinc.com                          | City/State and Zip Code   |  |  |  |
|                            | E-mail address: (                            | to be used for future annual report no                              | otification)   |  |  |
| For further informat       | ion concerning this matter, please ca        | all:  |  |  |  |
| Moses                      |  | 845 579-5939  |  |  |  |
| Name of Person             |  | at ()<br>Area Code Dayti  | me Telephone Number  |  |  |
| Enclosed is a check        | for the following amount:                    |   |  |  |  |
| <b>■ \$25.00</b> Filing Fe | ee S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
| Mailing Ac                 |  | Street Address:   | action   |  |  |
| •                          | ion Section<br>of Corporations               | Registration S<br>Division of Co                                    |  |  |  |
| P.O. Box                   |  | The Centre of Tallahassee   |  |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



January 13, 2023

CORRECTED
Please Allow For
Same File Date

Letter Number: 623A00000990

SUBJECT: THE OPAL AT CAPE CORAL LLC

Ref. Number: L18000277997

We have received your document for THE OPAL AT CAPE CORAL LLC and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

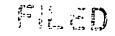
The New Name of The Elite at Cape Coral LLC is NOT available.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

(<sub>0</sub>,)

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 JAN 12 AM 10: 16

| 77111 O.D I | 4 TO 4 DE | 0004  |       |
|-------------|-----------|-------|-------|
| THE OPAL    | A L CAPE  | CURAL | 1.1.0 |

(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 Liab   | 12/04/201                                       |                                       |
|--|---|---------------------------------------|
|  |   | 8 and assigned                        |
| Florida document number L18000277997   | ·   |                                       |
| This amendment is submitted to amend the follow  | ving:   |                                       |
| A. If amending name, enter the new name of the   | he limited liability company here:              |                                       |
| THE ELITE AFL AT CAPE CORAL LLC  |   |                                       |
| The new name must be distinguishable and contain the word  | ds "Limited Liability Company," the designation | in "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab   | ole:  | <u> </u>                              |
| (Principal office address MUST BE A STREET.  | ADDRESS)  |                                       |
|  |   |                                       |
| Enter new mailing address, if applicable:  |   |                                       |
| (Mailing address MAY BE A POST OFFICE BO   | <u></u>   |                                       |
|  |   |                                       |
| B. If amending the registered agent and/or reg<br>agent and/or the new registered office address |   | enter the name of the new registered  |
| Name of New Registered Agent:  |   |                                       |
| Name of New Registered Agent: New Registered Office Address:                                     | Enter Florida stree                             | t address                             |
|  |   |                                       |
|  |   | t address<br>, Florida<br>Zip Code    |
|  | City  |                                       |

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 = | <b>Authorized Member</b> |

| <u>Title</u> | Name | Address     | Type of Action |
|--------------|------|-------------|----------------|
|              |      | Address     | □Add           |
|              |      |             | □Remove        |
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|               |                      |  |                  | ·                  |                  |                    |              | ر (202                       | ••••                                       |
|               |                      |  |                  |                    |                  |                    |              | _ <del>_</del>               | <br>:=:                                    |
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|               |                      |  |                  |                    |                  | -                  |              | . 16                         |  |
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|               |                      |  |                  |                    |                  |                    |              |                              |  |
| Effective     | date, if other tl    | nan the date of<br>date must be specif | filing:          |                    |                  | (option            | ıal)         |                              |  |
| Note: If t    | he date inserted i   | n this block does                      | not meet the a   | pplicable statute  | ling or more tha | n 90 days after fi | iing.) Pursu | ant to 605,0<br>ot be listed | 1207<br>1 as                               |
| document      | 's effective date of | on the Departmen                       | t of State's rec | ords.              |                  |                    |              |                              |  |
| ne record sp  | ecifies a delayed    | effective date, bu                     | ıt not aπ effect | ive time, at 12:6  | Ol a.m. on the   | earlier of: (b)    | The 90th     | day after 1                  | the  |
| ord is filed. |                      |  |                  |                    |                  |                    |              |                              |  |
|               | 16/2023              |  |                  |                    |                  |                    |              |                              |  |
| Dated 01      |                      |  | <u> </u>         | ·                  |                  |                    |              |                              |  |
| Dated         |                      |  |                  | 2 authorized repre |                  |                    |              |                              |  |

Filing Fee: \$25.00