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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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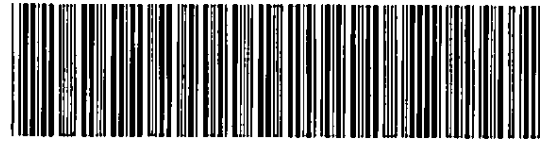
(Business Entity Name)

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STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CABO SAN LUCAS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NED KEAHEY
Name of Person

CABO SAN LUCAS LLC
Firm/Company

6390 ANDERSON WAY
Address

MELBOURNE FL 32940
City/State and Zip Code

NED. RGSCABO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NED KEAHEY at (321) 622-8206
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 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) |
|--|--|--|--|

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

CABO SAN LUCAS, LLC

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10-17-19, 2019.


Signature of a member or authorized representative of a member

Ned Keane
Typed or printed name of signee