

L19000 206 999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

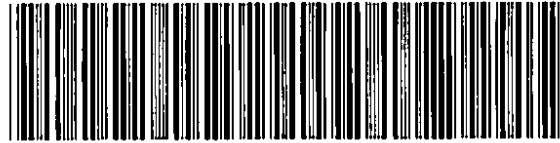
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600340186836

02/10/20--01027--050 \*\*25.00

MAR 07 2020  
S. YOUNG

RECEIVED OF STATE  
DIVISION OF CORPORATIONS  
FEB 10 2020 10:08 AM

2020 FEB 10 AM 7:08

FILED

## 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:

Jim Cook  
Name of Person  
Cabo San Lucas LLC  
Firm/Company  
6390 Anderson Way  
Address  
Melbourne FL 32940  
City/State and Zip Code  
jctide@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Cook at (321) ~~922-5533~~ 622-8206  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2020 FEB 10 AM 7:08  
U.S. DEPARTMENT OF JUSTICE  
DIVISION OF CONSUMER PROTECTION  
FBI/AMARSCO

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Tanya Jaquays	6390 Anderson Way	<input checked="" type="checkbox"/> Add
		Melbourne FL 32940	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

Dated February 04, 2020.

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Jim Cook

Typed or printed name of signee

**Filing Fee: \$25.00**