

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

419000223503

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000163257 3)))



H220001632573ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SAXON GILMORE & CARRAWAY, P.A.
Account Number : I20030000134
Phone : (813)314-4500
Fax Number : (813)314-4555

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

Email Address: FLCORP@SAXONGILMORE.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PINE ISLAND CAPE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 MAY -5 PM 3:21

2022 MAY -5 PM 3:16

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H22000163257 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINE ISLAND CAPE, 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 09/01/2019 and assigned
Florida document number L19000223503.

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**)

14170 WARNER CIRCLE

FORT MYERS, FL 33903

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

14170 WARNER CIRCLE

FORT MYERS, FL 33903

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:

BERNICE S. SAXON, ESQ.

New Registered Office Address:

201 E. KENNEDY BOULEVARD, SUITE 600

(Enter Florida street address)

TAMPA

City

Florida 33602

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)

H22000163257 3

H22000163257 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>	<u>Address</u>	<u>Type of Action</u>
MGR	CCD PINE ISLAND, LLC	936 S. HOWARD AVENUE, SUITE 202	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CCD PINE ISLAND, LLC	936 S. HOWARD AVENUE, SUITE 202	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CATALYST SOUTHWEST FLOR	936 S. HOWARD AVENUE, SUITE 202	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input checked="" 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

H22000163257 3

H22000163257 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(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)
this filing does not meet the applicable statutory filing requirements, this date will not be listed as the effective date.

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 4, 2022

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

MARCUS D. GOODSON, EXECUTIVE DIRECTOR OF AUTHORIZED MEMBER OF MANAGER

Typed or printed name of signee

Filing Fee: \$25.00

H22000163257 3