

419000223503  
Florida Department of State  
Division of Corporations  
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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
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2022 MAY -5 PM 3:21

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

2022 MAY -5 PM 3:16

APPROVED  
AND  
FILED

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### 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, Florida 33602

*City*

*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~~

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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

