

L 19 000 257 342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

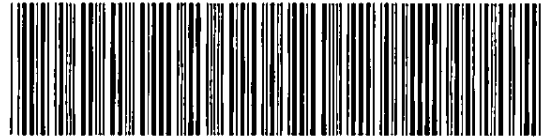
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2024, 07/22 PM 4:56

cf 9/23/2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cabana Network, L.L.C.

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:

Tiffany A Jones

Name of Person

Cabana Network, L.L.C.

Firm/Company

1005 NE 16th Place

Address

Fort Lauderdale, FL 33305

City/State and Zip Code

hello@cabananetwork.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany A Jones

954
at ()

299-8298

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 Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2024

RECEIVED
AUG 22 2024

TIFFANY A JONES
1005 NE 16TH PLACE
FORT LAUDERDALE, FL 33305

SUBJECT: CABANA NETWORK L.L.C.
Ref. Number: L19000257342

We have received your document for CABANA NETWORK L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 224A00016647

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cabana Network LLC

2024 12 22 11:56

(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 October 14, 2019 and assigned
Florida document number L19000257342.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Tiffany A Jones

New Registered Office Address:

1005 NE 16th Place

Enter Florida street address

Ft Lauderdale

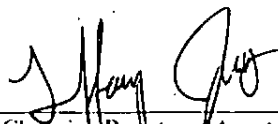
Florida 33305

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

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

Article IV. The members shall manage the company.

Article V. The company's existence shall be perpetual provided, however, the company may be dissolved upon

unanimous written consent of all members.

Article VI. The company shall have all powers authorized by law or statute.

Article VII. Members shall not be personally liable for the debts, obligations, or liabilities of the company.

Article VIII. The company may admit additional members at any time upon unanimous written consent of the

members.

Article IX. The power to amend, alter or repeal these articles of organization shall be vested in the members

and said power to amend alter or repeal these articles must be by unanimous written consent of the members.

Article X. Transfers by deed of real property may be executed by any member.

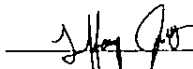
E. Effective date, if other than the date of filing: July 6, 2024 **(optional)**

(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)

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 July 6, 2024



Signature of a member or authorized representative of a member

Tiffany Jones

Typed or printed name of signee