

L2000000 24595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

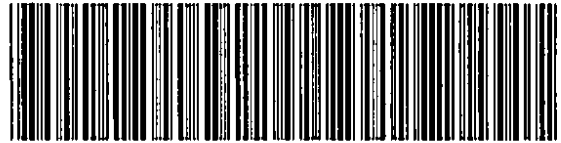
(Business Entity Name)

(Document Number)

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200350038782

08/11/20 --01010--004 ++25.00

2020 AUG 11 PM 6:28

SEP 29 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARIB FINANCIAL INVESTMENTS

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:

ERNEST PRESCOTT

Name of Person

CARIB FINANCIAL INVESTMENTS

Firm/Company

104 TIMBER RUN WEST

Address

WEST PALM BEACH, FL 33407

City/State and Zip Code

KARIBINVESTMENT2@GMAIL.COM

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

For further information concerning this matter, please call:

ERNEST PRESCOTT

804

980-8560

at ( )

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

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

CARIB FINANCIAL INVESTMENTS, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 01/17/20 and assigned  
Florida document number L20000024595.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

KARIB PROPERTY INVESTMENTS, L.L.C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

860 HYDRANGEA DRIVE NORTH

(Principal office address MUST BE A STREET ADDRESS)

FORT MYERS, FL 33903

Enter new mailing address, if applicable:

860 HYDRANGEA DRIVE NORTH

(Mailing address MAY BE A POST OFFICE BOX)

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:

TERENCE M. SCOTT

New Registered Office Address:

308 B PELICAN LAKE DRIVE

*Enter Florida street address*

PAHOKEE

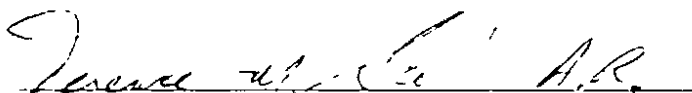
Florida 33476

*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.*

  
Terence M. Scott  
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>
AMBR	KEISHA HARTY	104 TIMBER RUN WEST	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DEVON HARTY	104 TIMBER RUN WEST	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RECARAH JONHSON	104 TIMBER RUN WEST	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JASON NICHOLS	104 TIMBER RUN WEST	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAYSON NICHOLS	860 HYDRANGEA DRIVE NORTH	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33903	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ERNEST PRESCOTT	860 HYDRANGEA DRIVE NORTH	<input type="checkbox"/> Add
		FORT MYERS, FL 33903	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

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

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E. 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)

**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

August 2, 2020

Terence M. Scott, A.R.

Signature of a member or authorized representative of a member

Terence M. Scott

Typed or printed name of signee

Filing Fee: \$25.00