L20000167296

(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

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2021 DEC 19 PM 2:30
TERRY COLE STATE
TALLAHASSEE, FL

RECEIVED
2021 OCT -7 PM 4:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SULKER

DEC 09 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2021

FLORIDA CAPITAL COURIER SERVICES, INC.

,

SUBJECT: CAABE HOMES, LLC
Ref. Number: L20000167296

We have received your document for CAABE HOMES, LLC and the authorization to debit your account in the amount of $30.00. However, the document has not been filed and is being returned for the following:

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 121A00024512

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: $30.00

Authorized Signature: _____

CAABE HOMES, LLC L20000167296

**Corporation Name & Document Number, (if known):**

(Business Name) Document#

___ Walk in

___ Pick up time_____

___ Mail out

____ Will wait

___ Photocopy

**___X Certified Copy of Articles of Organization**

**____ Certificate of Status**

**NEW FILINGS**

____Profit
____Not for Profit
____Limited Liability
____Domestication
____Other
___ **CORP**

**AMMENDMENTS**

_X___Amendment
____Resignation of R.A. Officer/Director
_____Change of Registered Agent
____Dissolution/Withdrawal
____Merger
**___Conversion**

**OTHER FILINGS**

____Annual Report

____Fictitious Name

_____ APOSTIL ( ) _____
**Country**

**REGISTERATION/QUALIFICATIONS**

___ Foreign filing
____Limited Partnership
___ Reinstatement

_____Other

**EXAMINER'S INITIALS:**_____

DocuSign Envelope ID: 2B087056-B5C6-496C-ABEF-FD88856B7D7C

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** CAABE HOMES, 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:

Michael A. Scott, Esq.
Name of Person

Dorcey Law Firm, PLC
Firm/Company

10181 Six Mile Cypress Pkwy, Suite C
Address

Fort Myers, FL 33966
City/State and Zip Code

mike@dorceylaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Scott, Esq. at (239) 418-0169
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

DocuSign Envelope ID: 2B087056-B5C6-496C-ABEF-FD88856B7D7C

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

CAABE HOMES, 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 06/16/2020 and assigned Florida document number L20000167296.

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)***

325 Cocohatchee Blvd.
Naples, FL 34110

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

325 Cocohatchee Blvd.
Naples, Fl 34110

FILED
2021 DEC -9 PM 3:3
SECRETARY OF STATE
TALLAHASSEE FL

**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: _____

New Registered Office Address: _____
*Enter Florida street address*

_____, **Florida** _____
*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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MGR | HODGES, CHADD | 325 Cocohatchee Blvd. | ☐ Add |
| | | Naples, Fl 34110 | ☐ Remove |
| | | | ■ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
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| | | | ☐ Remove |
| | | | ☐ Change |

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

**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 9/10/2021

DocuSigned by:
Chadd Hodges
CA2257BF94C34E2... Signature of a member or authorized representative of a member

Chadd Hodges
Typed or printed name of signee