

10/29/21, 11:13 AM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L20000342561

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

From: Account Name : LONG LAW, P.A.  
 Account Number : I20200000163  
 Phone : (239)400-2060  
 Fax Number : (866)929-0535

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2021 OCT 29 AM 11:21

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

**Email Address:** \_\_\_\_\_

2021 OCT 29 PM 12:15

TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**CAPE HAZE TAVERN LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

NOV 1 2021  
**S. PRATHER**

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAPE HAZE TAVERN 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.

KEITH E LONG

\_\_\_\_\_  
Name of Person

LONG LAW, P.A.

\_\_\_\_\_  
Firm/Company

1342 SE 46TH LN, STE 5

\_\_\_\_\_  
Address

CAPE CORAL, FL 33904

\_\_\_\_\_  
City/State and Zip Code

KEITH@LONGLAWFL.COM

\_\_\_\_\_  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call.

KEITH E LONG

239 400-2060  
at ( ) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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

CAPE HAZE TAVERN 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 10/21/2020 and assigned

Florida document number L20000342561

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)

Blank lines for principal office address

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Blank lines for mailing address

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:

Blank line for name of new registered agent

New Registered Office Address:

Enter Florida street address

City, Florida 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

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	MICHELLE THOMAS	950 TAMiami TRAIL	<input type="checkbox"/> Add
		UNIT 113	<input checked="" type="checkbox"/> Remove
		PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Change
AMBR	MICHELLE	950 TAMiami TRAIL	<input type="checkbox"/> Add
		UNIT 113	<input checked="" type="checkbox"/> Remove
		PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Change
MGR	ANDREAS G. KIRCHBERGER	950 TAMiami TRAIL	<input checked="" type="checkbox"/> Add
		UNIT 113	<input type="checkbox"/> Remove
		PORT CHARLOTTE, FL 33953	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

