

9/12/22, 9 05 AM

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L20000312561**

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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 : (239)268-6101

SECRETARY OF STATE  
TALLAHASSEE, FL

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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.\*\***

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## CAPE HAZE TAVERN LLC

Certificate of Status	0
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C. BRUMBLEY  
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## 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

1306 SE 46th Ln., Suite 1

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 Long

Name of Person

at ( 239 )

Area Code

400-2060

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 &  
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(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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee

**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)

The Articles of Organization for this Limited Liability Company were filed on 10/28/2020 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)

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:

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.*

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TALLAHASSEE, FL



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

[illegible]

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 \_\_\_\_\_, \_\_\_\_\_

KENTH LONG

Signature of a member or authorized representative of a member

Keith Long - Attorney-in-fact

Typed or printed name of signee