

**L21000200173714**

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

From: Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.  
Account Number : I20090000078  
Phone : (561)801-7312  
Fax Number : (561)515-3904

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TALLAHASSEE, FL

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CORPORATION DIVISION  
TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
10443 CAPTIVA, LLC

Certificate of Status	0
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Page Count	05
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Help  
*[Handwritten Signature]*  
5/20/21

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 10443 CAPTIVA, 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:

PAUL A. KRASKER  
Name of Person  
THE LAW OFFICE OF PAUL A. KRASKER, P.A.  
Firm/Company  
1615 FORUM PLACE, 5TH FLOOR  
Address  
WEST PALM BEACH, FL 33401  
City/State and Zip Code  
PKRASKER@KRASKERLAW.COM  
E-mail address: (to be used for future annual report notification)

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CORPORATION STATE  
PALM BEACH, FL

For further information concerning this matter, please call:

Andrea Murphy Snowden at (561) 515-4722  
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

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12-10002001733

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

10443 CAPTIVA, 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 MAY 10, 2021 and assigned Florida document number L21000203714.

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)

1615 FORUM PLACE

5TH FLOOR

WEST PALM BEACH, FL 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1615 FORUM PLACE

5TH FLOOR

WEST PALM BEACH, FL 33401

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARL SABATELLO	9002 BURMA ROAD	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33403	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAUL A. KRASKER	1615 FORUM PLACE	<input checked="" type="checkbox"/> Add
		5TH FLOOR	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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