

L21 000 373 060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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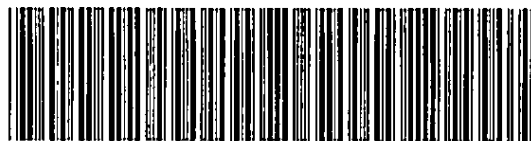
(Business Entity Name)

(Document Number)

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2022 MAR -7 AM 7:18

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAR 17 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2930 SW 30th Street, 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:

Paola Taylor
Name of Person

2930 SW 30th Street, LLC
Firm/Company

8258 W State Rd 84th.
Address

Davie FL 33324
City/State and Zip Code

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

For further information concerning this matter, please call:

PAOLA TAYLOR at (786) 4368731
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

2022 MAR -7 AM 7:18

2930 SW 30th Street, LLC

(Name of the Limited Liability Company as it now appears on our records) DATE
(A Florida Limited Liability Company) LAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 8/19/2021 and assigned
Florida document number L21000373060

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:

CAPE CORAL INVESTMENT FOUR, LLC

New Registered Office Address:

8258 W State Rd 84th

Enter Florida street address

Davie

City

Florida

33327

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	Fabian Bortz	8258 W State Rd 84	<input type="checkbox"/> Add
		Davie FL 33324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Elias Bortz	8258 W State Rd 84	<input type="checkbox"/> Add
		Davie FL 33324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cape Coral Investment Four, LLC	8258 W State Rd 84	<input type="checkbox"/> Add
		Davie FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mooni LLC	8258 W State Rd 84	<input checked="" type="checkbox"/> Add
		Davie FL 33324	<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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(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)

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.

Signature of a member or authorized representative of a member

Cape Coral Investment, LLC
Typed or printed name of signee