

L22000203293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

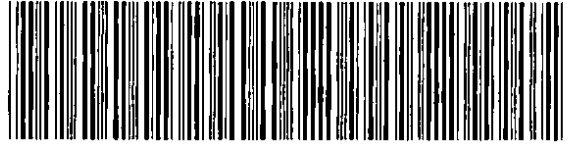
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 AUG 18 PM 2:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 15, 2023

JEFFREY E CAVE  
2582 WILD CHERRY PATH  
SARASOTA, FL 34240

SUBJECT: JE CAVE REALTY LLC  
Ref. Number: L22000203293

We have received your document for JE CAVE REALTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 523A00018752

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

JE CAVE REALTY, L.L.C.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 28, 2022 and assigned Florida document number L22000203293.

This amendment is submitted to amend the following:

A. If amending Name, enter the new name of the Limited Liability Company:

**JEFFREY EDWARD CAVE, P.L.L.C.**

Enter new Principle Address, if applicable:

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Enter new Mailing Address, if applicable:

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B. If amending the Registered Agent Name and/or Registered Office Address on our records:

New Registered Agent Name:

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New Registered Agent Address:

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New Registered Agent's Signature:

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*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 proper and complete performances of my duties and I am familiar with 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.*

C. If amending Authorized Person(s):

**MGR = Manager**

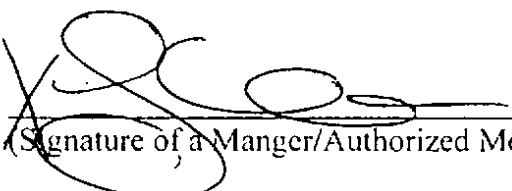
**AMBR = Authorized Member**

Title	Name	Address	Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

D. If amending any other information, please indicate change(s):

THE PURPOSE FOR WHICH THE UNITED LIABILITY COMPANY IS  
ORGANIZED AND AMENDED IS TO PROVIDE REAL ESTATE SERVICES.

E. Effective date if other than the date of filing (optional) \_\_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_

  
(Signature of a Manager/Authorized Member)

(Date)

6/5/2023

JEFFREY E. CAVE

(Printed Name of Manager/Authorized Member)

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2023 AUG 18 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA