122000212182

(Re	questor's Name)
(Ad	ldress)
(Ad	dress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	વ. SILAS
	याजं र 5 2022

Office Use Only



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FILED

FLORIDA CAPITAL COURIER SERVICE 2330 CLARE DRIVE	S, INC
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
PLEASE use funds from ACCT: 120210	000160 AMOUNT: \$ 25.00
Authorization Signature:	>>
Cape Club Palm City, LLC	L22000212182
Business	Document #
Walk in	Pick up time
wark in	 · -
Mail out	Will wait
Photocopy	
Certified Copy (s) of Articles of Inco	rporation
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	XAmendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent Dissolution/Withdrawal
Domestication Other	Merger
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
	Other
Country	

EXAMINER'S INITIALS:_____

COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
CHD IE		JB PALM CITY, LLC		
SUBJE	UI:		ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		GERARDO J. RODRIGUE	EZ-ALBIZU, ESQ.	
			Name of Person	
		RODRIGUEZ-ALBIZU LA	AW, P.A.	
			Firm/Company	
		759 SW FEDERAL HIGH	WAY, SUITE 203	
			Address	
		STUART, FLORIDA 3499	14	
			City/State and Zip Code	
		GRODRIGUEZ@RALAWI		* * * * * * * * * * * * * * * * * * * *
For furtl	her information o	encerning this matter, please ca	o be used for future annual reporalli:	t nourication)
		UEZ-ALBIZU, ESQ.	772 261-508	80
		of Person	at () Area Code Da	aytime Telephone Number
Enclose	d is a check for t	he following amount:		
	i.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	Street Addres Registration	Section
	Division of C P.O. Box 632	-		Corporations of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

..... 106 -1: Pro 5: 17 CAPE CLUB PALM CITY, LLC (Name of the Limited Liability Company as it now appears on our records ECRETARY OF STATE
(A Florida Limited Liability Company) 05/18/2022 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L22000212182 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

____, Florida ___

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>	Type of Action
MGR	JEFF WEINTRAUB	10664 SW WHOOPING CRANE WAY	= Adď
		PALM CITY, FL 34990	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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n effe ote:	/e date, if other than the date of filing:
ecoro	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
ited _	August 3 . 2022
	Signature of a member or authorized representative of a member
	GERARDO J. RODRIGUEZ-ALBIZU, ESQ. Typed or printed name of signee