

# L22000243928

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((1124000264290 3)))



H2400026429034803

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GULATI LAW  
Account Number : 120130000014  
Phone : (407)900-5054  
Fax Number : (407)517-4931

2024 AUG -7 AM 4:00  
FILED  
FALL AHEAD OF THE LINE

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: OFFICE@GULATILAW.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CAPE KIDS LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

RECEIVED

2024 AUG -7 PM 11:09

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
FALL AHEAD OF THE LINE

K. SALY

AUG - 8 2024

Electronic Filing Menu

Corporate Filing Menu

Help

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**

CAPE KIDS 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 05/25/2022 and assigned Florida document number L22000243928.

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 "LLC."

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:

GULATI LAW, P.L.L.C.

New Registered Office Address:

479 MONTGOMERY PLACE

*Enter Florida street address*

ALTAMONTE SPRINGS

*City*

Florida 32714

*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

**FILED**  
2024 AUG -7 AM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, 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>          | <u>Type of Action</u>                      |
|--------------|----------------|-------------------------|--------------------------------------------|
| MGR          | PATEL, BHAGMIK | 3194 ACACIA BAY AVE     | <input type="checkbox"/> Add               |
|              |                | TAMPA, FL 33543         | <input checked="" type="checkbox"/> Remove |
|              |                |                         | <input type="checkbox"/> Change            |
| AP           | PATEL, HEEMA   | 3194 ACACIA BAY AVE     | <input type="checkbox"/> Add               |
|              |                | WESLEY CHAPEL, FL 33543 | <input checked="" type="checkbox"/> Remove |
|              |                |                         | <input type="checkbox"/> Change            |
| MGRM         | PATEL, ARVISH  | 2452 STEUBEN STREET     | <input type="checkbox"/> Add               |
|              |                | UNION, NJ 07083         | <input type="checkbox"/> Remove            |
|              |                |                         | <input checked="" 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            |

2024 AUG 7 AM 4:00  
SECURE FACILITY, FLORIDA  
TALLAHASSEE, FLORIDA

FILED

