L23000148879

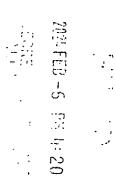
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COVER LETTER

	tration Sec on of Corp			
CUBICT.	Captain I	Drake, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	articles of A	unendment and fee(s) are sub	omitted for filing.	
Please return al	ll correspon	dence concerning this matter	to the following:	
		Tiffany R Stanley		
			Name of Person	_
		Captain Drake, LLC		
			Firm/Company	_
		337 E BAY DR		
			Address	7(7):FEB
		Eastpoint, FL 32328		े. • •
		totanhu22220@inland.com	City/State and Zip Code	
		tstanley32329@icloud.com E-mail address: (to be used for future annual report notification)	- P
For further info	ormation co	ncerning this matter, please c	all:	-
Tiffany R Stan	lley		850 653-6476 at ()	
	Name of	Person	Area Code Daytime Telephone Numb	er
Enclosed is a cl	heck for the	: following amount:		
■ \$25.00 Fili	ing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & cd Copy (all copy is enclosed)
Regis Divis P.O.	ng Address stration Sosion of Co Box 6327 hassee, F	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Сар	otain Drake, LLO	;• C	
(Name of the Limited	Liability Compa Florida Limited 1	ny as it now appears on our records Liability Company)	<u>r.)</u>
The Articles of Organization for this Limited Liab Florida document number L23000148879	oility Company	were filed on March 23, 2023	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liab	ility company here:	
he new name must be distinguishable and contain the word	ds "Limited Liabii	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		89 5th Street	
(Principal office address MUST BE A STREET ADDRESS)		Apalachicola, FL 32320	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE Bo</u> B. If amending the registered agent and/or registered and/or the new registered office address	gistered office a	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:	Tiffany R Stan	ley	
New Registered Office Address:	337 E Bay Dr		
		Enter Florida street address	;
	Eastpoint	Flo	orida 32328
		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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager
. AMBR = Authorized Member

<u>Title</u>	Name	Address 1	Γype of Action
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ecord specifies a delayed effective date, but is filed.	not an effective	time, at 12:01	a.m. on the earlier	of: (b) The 90t	h day after the
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