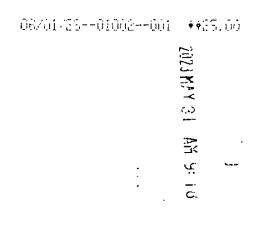
## L23000258149

| (                       | Requestor's Name)       |
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| PICK-UP                 | WAIT MAIL               |
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|                         | Business Entity Name)   |
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|                         | The same of Many Inc.   |
| (                       | Document Number)        |
|                         |                         |
| Certified Copies        | Certificates of Status  |
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| Special Instructions to | Filing Officer:         |
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Office Use Only



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## **COVER LETTER**

| TO: Registration So<br>Division of Co |  |   |  |
|---------------------------------------|--|---|--|
| CAB Prop                              | erties LLC                                   |   |  |
| SUBJECT:                              | Name of Lim                                  | ited Liability Company  |  |
| The enclosed Articles of              | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all correspond          | ondence concerning this matter               | to the following:   |  |
|                                       | Angela Johnston                              |   |  |
|                                       |  | Name of Person  |  |
|                                       | ·  | Firm/Company  |  |
|                                       | 1731 Glencoe Rd.                             |   |  |
|                                       |  | Address   |  |
|                                       | Winter Park, FL 32789                        | Cir. Sans and Tin Code  |  |
|                                       | angelaAjohnston@gmail.co                     |   |  |
|                                       |  | to be used for future annual report no                              | tification)  |
| For further information               | concerning this matter, please o             |   |  |
| Angela Johnston                       |  | 407 616-6496<br>at ()   |  |
| Name                                  | of Person .                                  | Area Code Dayti   | me Telephone Number  |
| Enclosed is a check for t             | 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) |
| <u>Mailing Addre</u><br>Registration  |  | Street Address:<br>Registration S                                   | ection   |
| Division of (                         |  | Division of Co  | orporations  |
| P.O. Box 633                          | 27   | The Centre of   | Tallahassee  |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

200.

| CAB PROPERTIES LLC   | Company as it now appears on our records.)  Company as it now appears on our records.)  Company as it now appears on our records.) |
|--|--|
| (Name of the Limited Liability<br>(A Florida I   | Company as it now appears on our records.)  Limited Liability Company)   |
| The Articles of Organization for this Limited Liability Co. Florida document number <u>L23000258149</u>    | empany were filed on May 26, 2023 and assigned and assigned  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limit   | ed liability company here:   |
| CAB RENTAL PROPERTIES LLC  |  |
| The new name must be distinguishable and contain the words "Limite   | ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:<br>(Principal office address MUST BE A STREET ADDRE    | <u></u>  |
| Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |
|  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter the name of the new registere   |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   | Enter Florida street address   |
|  | , Florida  |
|  | City Zin 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> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| ective date, if other the effective date is listed, the tee. If the date inserted in tument's effective date of | date must be specific a<br>n this block does not | nd cannot be prior<br>I meet the applic | to date of filing or able statutory fili | more than 90 days aff | tional)<br>er filing.) Pursuam to 605.0<br>his date will not be listed |
| cord specifies a delayed<br>s filed.  | effective date, but n                            | ot an effective ti                      | ime, at 12:01 a.m                        | on the earlier of:    | (b) The 90th day after (   |
| May 31  |  | 2023                                    | ·  |                       |  |
| <del></del>   |  |   |  | e of a member         |  |
|   |  |   |  |                       |  |

Filing Fee: \$25.00