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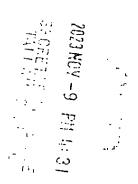
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration So Division of Con			
SUBJECT:	CAPE 1826	LLC	
SOBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		JUAN SUAREZ Name of Person	<u>.</u>
	CA	PE 1826 LLC	
	6957 N	W 107th Covet	
		Address	·
	Dog	A) FL 33178 City/State and Zip Code	
		City/State and Zip Code	1 1 20
	Ermail address:	City/State and Zip Code VANQui SM @ to be used for ruffire annual report not	hot neil. com To
Direction in Comment			- 元 - - 元 - - 元 -
	oncerning this matter, please c	811:	•
Juan S	SUAR62	at (<u>305</u>) <u>3 2</u> Area Code Daytin	2-1730 ine Telephone Number
Name o	f Person	Area Code Daytin	ne Telephone Number - 27
Enclosed is a check for the			_
\$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)
Andrew Add			
Mailing Addres Registration 5		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cos	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 7	Fallabassee e Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

111

(Name of the Limited Liability Compan (A Florida Limited Li	IV as it now appears on our record	(5.)
(A Florida Cimited Li	iability Company)	<u></u> ,
The Articles of Organization for this Limited Liability Company v	were filed on 05-30	- 26 23 and assigned
Florida document numbel 23000 202 078		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC	" of the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	- -3
(Principal office address MUST BE A STREET ADDRESS)		10 2
		9
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		·
		: :
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Regimered Strice Address.	Enter Florida street address	r
	. Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		

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

Title	Name	Address	Type of Action
MGR	JUAN SUARE	6957 NOW 107th Covet, and FEE	33 <u>08</u> 🖒 Add
			□Remove
MBR	Yannibert John	6957 NW 107th Count, Donal,	Change HOLAdd
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