

L23000262078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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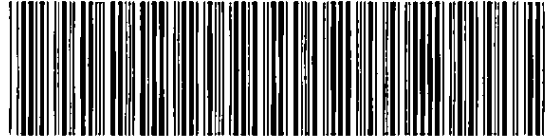
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPE 1826 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN SUAREZ
Name of Person
CAPE 1826 LLC
Firm/Company
6957 NW 107TH Court
Address
Doral, FL 33178
City/State and Zip Code
JUANQUI SM @ hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN SUAREZ at (305) 322-1730
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Cope 1826 LLC

The Articles of Organization for this Limited Liability Company were filed on 05-30-2023 and assigned Florida document number L23000262078

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JUAN SUAREZ</u>	<u>6957 NW 107th Court, Doral, FL 33178</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Yannibert Joka</u>	<u>6957 NW 107th Court, Doral, FL 33178</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SUBMITTED TO
COUNTY CLERK

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 7th, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00