## L24000138200

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## **COVER LETTER**

TO:

TO: R	egistration Se- ivision of Cor	ction porations		
eub irca		agement LXXII, LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Rodney A. Fields		
			Name of Person	
		Lewis Thomason, P.C.		
		<u> </u>	Address  City/State and Zip Code  City/State and Zip Code  ail address: (to be used for future annual report notification)  er, please call:  865 541-5242 at (	
		900 S. Gay Street, Suite 30	00	
			Address	
		Knoxville, TN 37902		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report i	notification)
For further	information co	oncerning this matter, please ca	all:	
Judy Woo	dson			
	Name of	f Person	Area Code Day	time Telephone Number
Enclosed is	s a check for th	ne following amount:		
□ \$25.00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	lailing Addres egistration S			
D	ivision of C	orporations	Division of C	Corporations
	.O. Box 632 allahassee, F			roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cappo Management LXXII, LLC

( <u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number 1.24000138200		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	red liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
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:  Name of New Registered Agent:	office address on our records, enter the na	me of the new registe
New Registered Office Address:		
The Registered Office Madross.	Enter Florida street address	<del></del>
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capacity. I further a emplete performance of my duties, and I am ent as provided for in Chapter 605, F.S. Or	familiar with and r, if this document is
	If Changing Registered Agent, Signature of New R	egistered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	Jeffrey E. Cappo	46352 Michigan Avenue	
		Canton, MI 48188	□Remove
			<b>■</b> Change
	· .		□Add
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cument's effective date on the Decord specifies a delayed effective is filed.	ve date, but not an effective	time, at 12:01 a.m. on the	e earlier of: (b) The 90th	h day after th
cument's effective date on the Decord specifies a delayed effective is filed.	£024	·		h day after th
cument's effective date on the Decord specifies a delayed effective is filed.	£024	time, at 12:01 a.m. on the		h day after th

Filing Fee: \$25.00