

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M19000003165

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FORSYTH & BRUGGER, P.A.
Account Number : I20040000147
Phone : (239)263-6000
Fax Number : (239)263-6757

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jphelan@watersedgeresortandspa.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CAPE CORAL I, LLC**

Certificate of Status	0
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2022 JUL 26 PM 4:54

2022 JUL 26 AM 11:51

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Corporate Filing Menu

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JUL 27 2022

K. Brumby

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPE CORAL I, 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:

JOHN PHELAN

Name of Person

Firm/Company

1525 BOSTON POST RD

Address

WESTBROOK CT 06498

City/State and Zip Code

jphelan@watersedgeresortandspa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Phelan

860 577-3530

Name of Person

at ()
Area Code

Daytime Telephone Number

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPE CORAL I, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/29/2019 and assigned
Florida document number M19000003165

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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, 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>
MGR	MARASCO, CLAUDIO	600 5TH AVE S, STE 207	<input type="checkbox"/> Add
		NAPLES FL 34102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PHELAN, JOHN	1525 BOSTON POST RD	<input checked="" type="checkbox"/> Add
		WESTBROOK CT 06498	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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.

Typed or printed name of signee