W500072133

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SECRETARY OF STRIE

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COVER LETTER

TO: Registration and Division of Co			
SUBJECT:	IL DUE	, LLC	
		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	LARR	Y LATTAN	1210
	11	Name of Person SUIT	E 146
	2338	Firm/Company IMMOKALEE	RD.
ing on your in	NAPL	Address LES, FL, 34	-// D
	DALATAN E-mail address: (City/State and Zip Code CMA/L to be used for future annual report noti	(Continue)
For further information	n concerning this matter, please ca	· · · · · · · · · · · · · · · · · · ·	And the second second
	attanzio	at (<u>Z39</u>) <u>682</u> Area Code Daytime	- 6803
/ Name	e of Person	Area Code Dayum	e relephone Number
Enclosed is a check for	the following amount:		2016 31.0 31.0
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy o (additional copy is enclosed)
Regi	ILING ADDRESS: stration Section	STREET/COURI Registration Section Division of Corner	ER ADDRESS: (2017)

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IL DUE, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L05000072133		and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	DY)	
maning wavess MAT BE AT OST OFFICE BO	<u>.</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		nter the name of the new
Name of New Registered Agent:		74 21 21 21 21 21 21 21 21 21 21 21 21 21
New Registered Office Address:		AR B T
Now Registered Office Address.	Enter Florida street address	SSR 29
	, Florid	
New Registered Agent's Signature, if changing Reg	City sistered Agent:	Signature Code
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete performance of my duties, and I red agent as provided for in Chapter 605, F.S. gistered office address, I hereby confirm that th	am familiar with and . Or, if this document is

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
			Add
			□ Remove
		····	
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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			Remove
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Effective date, if other than to an effective date is listed, the date	the date of filing:	annot ha prior to data	of filing or more than 0	(optional)	
Note: If the date inserted in this document's effective date on the	s block does not me	et the applicable s			
e record specifies a delay The 90th day after the r	yed effective da record is filed.	te, but not an	effective time, at	12:01 a.m. or	n the earlier of
Dated • 4-26	-/6 Signature of a me	ember or authorized	representative of a mem	ber	
\bigvee_{L}	MRRY Y	ATTAN 210 Typed or printed nam			

Page 3 of 3

Filing Fee: \$25.00