

L12000162037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

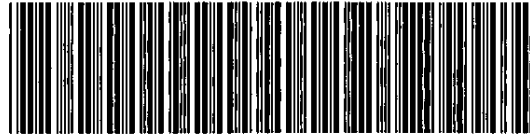
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

SEP 29 2016

Y SULKER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MUNCH Y BACKEN 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:

ALBALUCIA FOLEY

\_\_\_\_\_  
Name of Person

PIER 17 LLC

\_\_\_\_\_  
Firm/Company

P O BOX 1104

\_\_\_\_\_  
Address

NAPLES FLORIDA 34106

\_\_\_\_\_  
City/State and Zip Code

info@foleyforensicaccg.com

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

For further information concerning this matter, please call:

ALBALUCIA FOLEY

239 300-6660  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MUNCH Y BACKEN 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 FLORIDA and assigned Florida document number L12000162037.

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)**

PIER 17 LLC

4100 CORPORATE SQUARE STE 114

NAPLES FL 34104

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P O BOX 1104

NAPLES FL 34106

**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:

FOLEY FORENSIC ACCOUNTING LLC

New Registered Office Address:

4100 CORPORATE SQUARE SUITE 11

*Enter Florida street address*

NAPLES

Florida

34104

*City*

*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>
MG	PIER 17 LLC	3524 SILVERSIDE RD, STE 35B	<input checked="" type="checkbox"/> Add
		WILMINGTON DE 19810-4929	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COMPTF	ALBALUCIA FOLEY -FOLEY FC	4100 CORPORATE SQUARE STF	<input checked="" type="checkbox"/> Add
		NAPLES FL 34104	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NANCY LANDI	1810 BALD EAGLE DR UNIT A	<input type="checkbox"/> Add
		NAPLES FL 34105	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	GUIDO PIERRES	1810 BALD EAGLE DR UNIT A	<input type="checkbox"/> Add
		NAPLES FL 34105	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SEP 27 11:23 AM  
 STATE OF FLORIDA  
 DIVISION OF REVENUE

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

WE ARE AMENDING THE OWNERS- MANAGEMENT NAME, FOR HERE ONE WILL BE PIER 17 LLC  
ADDRESS 3524 SILVERSIDE RD, STE 35 B, WILMINGTON DE 19810-4929 AND THE MAILING ADDRESS  
FOR HERE ON WILL BE PIER 17 LLC P O BOX 1104 NAPLES FL 34106.  
FEI/EIN 27-4804739

16 SEP 27 PM 1:29  
ALBACUCIA FOLEY  
FOLEY FORENSIC ACCOUNTING

**E. Effective date, if other than the date of filing:** 09-15-2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

*Sept 20/2016*

Dated SEPTEMBER 08 2016

*Mandy Bunt*  
Signature of a member or authorized representative of a member

ALBALUCIA FOLEY/ FOLEY FORENSIC ACCOUNTING LLC

Typed or printed name of signee

*Albalucia Foley*

*Sept 20/2016*