

L15000077880

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2016 APR -4 PM 1:44  
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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR -7

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 16 FRESH NATION 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:

Ulrick E Gustave  
Name of Person

16 FRESH NATION LLC  
Firm/Company

1270 Wildwood Lakes Blvd 306  
Address

Naples FL 34104  
City/State and Zip Code

Ulrick mail@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ulrick E Gustave at (239) 260-7059  
Name of Person 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2016 APR -4 PM 1:45  
TALLAHASSEE FL 32399  
STATE

16 FRESH NATION 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 May 4, 2015 and assigned  
Florida document number 415000077880

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)

1220 Wildwood Lakes Blvd 306  
Naples FL 34104

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

1220 Wildwood Lakes Blvd 306  
Naples FL 34104

**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: Ulrick E Gustone

New Registered Office Address: 1220 Wildwood Lakes Blvd 306

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.

Ulrick E Gustone  
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	JOSEPH, Eddy	1220 Wildwood Lakes Blvd	<input type="checkbox"/> Add
		Naples FL 34104	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Title Rep.	Dory, KARL		<input type="checkbox"/> Add
			<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

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MAY 16 2011  
NAPLES FL  
COUNTY CLERK

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

Multiple horizontal lines for amending information.

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ALLIANCE STATE OF FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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.

Dated The, March, 29, 2015.

*W S St*

Signature of a member or authorized representative of a member

Alrick E Gustave

Typed or printed name of signee