## 116000145193

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000320642890

11/13/18--01004--001 \*\*25.00

FILEU 18 NOV 13 JH 9: 29

NOV 2 8 2018 S. YOUNG

## **COVER LETTER**

	Registration Se Division of Cor						
enony	· ·	e Properties, LLC					
SURJEC	.1:	Name of Lim	ited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Aaron Rorie					
			Name of Person				
		13540 Coronado Dr	Firm/Company				
					<u>.</u> .	<del>-</del> 8	
		Naples, FL 34109	Address			10.7	-[]
		info@napleselitellc.com	City/State and Zip Code			13 # 5:2	FILED
			to be used for future annual report notif	ication)		Ç.	
For furth	er information c	oncerning this matter, please ca	all:			23	
Aaron R	orie		239 287-7505 at ()				
	Name o	f Person	Area Code Daytime	e Telephone Number			
Enclosed	is a check for th	ne following amount:					
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	Status & Dy		

MAH.ING 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

Naples Elite Properties, LLC		
(Name of the Limited Llab) (A Flori	ility Company as it now appears on our rec da Limited Liability Company)	ords)
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:	(Same of the Limited Liability Company as It now appears on our records.)  (A Florida Limited Liability Company)  anization for this Limited Liability Company were filed on   (B 03/16	
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "	LLC" or the abbreviation "L.EC."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADL	ORESS)	<u> </u>
		(i) (i)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	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>	Address	Type of Action
MGR	Sophia Fernandez		
		13540 Coronado Dr., Naples, FL	
		34109	■ Remove
			Change
MGR	Sophia Rorie	13540 Coronado Dr., Naples, FL 34109	<b>5</b>
			B ∧dd
			□ Remove
			3 - 68
			Change
			- SE Add Co
			Remove.
			Removes 29
		<del> </del>	
			□ Remove
			Change
			□ Remove
			Change
			_
			🗆 Add
			□ Change

					<del></del>	_
						_
						_
						_
	·					_
		<del></del>				-
						_
						_
	_					_
		<del></del>			<u> </u>	
	_				75-1-	
					137 T	
			<del>-</del> -		រូប។ វូប។	-5 } -8
<u></u>						ئ - 112
<del></del>					UA DA	29
	· · · · · · · · · · · · · · · · · · ·			<u></u>		_
<del></del>			<u>.                                      </u>			_
. Effective date, if o	ther than the date (	11/07/18 of filing:		(optio	nal)	
(If an effective date is line Note: If the date in:	sted, the date must be spe serted in this block do e date on the Departm	ecific and cannot be prices not meet the app	licable statutory fil	more than 90 days after ing requirements, this	filing.) Pursuant to 6	
the record specifi b) The 90th day a	es a delayed effe after the record is	ctive date, but r s filed.	not an effective	time, at 12:01 a	.m. on the ear	lier of:
11/07/18						
Dated						
		1 / 3	1111			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00