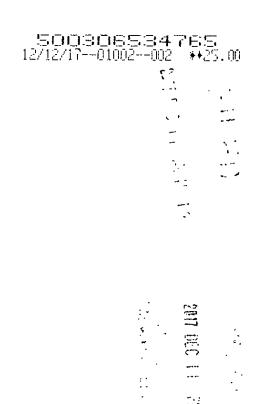
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	PICK UP:	ALK IN 2 1 17
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内	РНОТОСОРУ	
	CUS	
abla	FILING	Amendment
,	Lynawood LLC (CORPORATE NAME AND DOCUMENT #)	
	(CORPORATE NAME AND DOCUMENT #)	
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	(CORPORATE NAME AND DOCUMENT #)	
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	(CORPORATE NAME AND DOCUMENT #)	
ECIA: STRU	I. CTIONS:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lynnwood LLC					
(Name of the Lim	(A Florida Limited	tny ay it now appears on o Liability Company)	ur records.		
The Articles of Organization for this Limited I	Liability Company	were filed on 03/14/20	17	and assign	red
Florida document number L17000057138					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	tion "LLC" or the abb	oreviation "L.L.C	· · ·
Enter new principal offices address, if applicable:		680 12th Avenue Sou	th		
(Principal office address MUST BE A STRE	ET.ADDRESS)	Naples, FL 34102			
Enter new mailing address, if applicable:		680 12th Avenue Sou Naples, FL 34102	th		
(Mailing address MAY BE A POST OFFICE	<u>. 603)</u>			. ;o	
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered o office address her	ffice address on our	records, enter	the name of	the .nev
		_		-	
Name of New Registered Agent:	Jeff Novart, Es	<u>4. </u>	· · · · · · · · · · · · · · · · · · ·		i
New Registered Office Address:	1415 Panther L			· ·	
		Enter Florida str	rei address	3	
	Naples	Cuv	Florida <u>341</u>		
		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 Chinging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
AMBR	Joseph M. Toole	461 Pittsfield Road	
		Lenox, MA 01240	■ Remove
			☐ Change
MBRR	Joseph M. Toole	P.O. Box 829	
		Lenox, MA 01240	■ Remove
			☐ Change
MGR	Joseph M. Toole	680 12th Avenue South	■ Add
		Naples, Fl. 34102	□ Remove
			∵ ' □ Chānbe
			Add-
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E. Effective date, if other than the officerive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ick does not meet the applic	cable statutory tiling re	(optional) than 90 days after filing.) Purs quirements, this date will r	Sugnt to 605.0 not be listed
If the record specifies a delayed (b) The 90th day after the reco		ot an effective time	e, at 12:01 a.m. on t	he earlier
Dated December 11	. 2017			
Ma	111775	- Esq.		
		orized representative of a		

Page 3 of 3

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