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| PICK-UP WAIT MAIL | | | | | |
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| . (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Amendment LO8-SSSSD



N. CAUSSEAUX

NOV 1 3 2008

EXAMINER

COVER LETTER

| Division of Co | rporations | | |
|---------------------------------|---|--|---|
| SURJECT: 16976 | Verona Lane, LLC | | |
| Sobole i. | | ited Liability Company) | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | Thomas O. Wells, Esq. | | |
| • | | (Name of Person) | |
| | Thomas O. Wells, P.A. | | |
| • | | (Firm/Company) | |
| | 540 Biltmore Way | | |
| | | (Address) | |
| | Coral Gables, FL 33134 | | |
| | | (City/State and Zip Code) | |
| For further information of | concerning this matter, please c | all: | |
| Thomas O. Wells at (305) 4 | | at (_305) 444-0016 | |
| (Name | of Person) | (Area Code & Daytime T | elephone Number) |
| Enclosed is a check for t | he 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:

TO:

Registration Section

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



16976 Verona Lane, 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 June 5, 2008 | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| lowing: | | | | | |
| of the limited liab | ility company here: | | | | |
| ith the words "Limi | ited Liability Company | ," the designation "LLC" or the abbreviation | | | |
| cable: | 9696 Bonita Beach Road, Suite 206 | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | Bonita Springs, FL 34135 | | | |
| | Attn: Cheryl Sand | berg | | | |
| | | h Road, Suite 206 | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Bonita Springs, FL 34135 | | | |
| | Attn: Cheryl Sand | berg | | | |
| | | r records, <u>enter the name of the new</u> | | | |
| Thomas O. Wells, P.A. | | | | | |
| 540 Biltmore | Way | | | | |
| | (Ente | er Florida street address) | | | |
| Coral Gables | | , Florida <u>33134</u> | | | |
| | (City) | (Zip Code) | | | |
| | lowing: of the limited liab ith the words "Limi cable: ET ADDRESS) /or registered of office address her Thomas O. W 540 Biltmore | lowing: of the limited liability company here: ith the words "Limited Liability Company cable: 9696 Bonita Beac ET ADDRESS) Bonita Springs, Fl Attn: Cheryl Sand 9696 Bonita Beac Bonita Springs, Fl Attn: Cheryl Sand /or registered office address on out office address here: Thomas O. Wells, P.A. 540 Biltmore Way (Enter | | | |

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Address Type of Action** <u>Title</u> **Name** MGR Ronald Santella **┏**☐ Add 1250 East Diehl Road. Suite 405 ■ Remove Naperville, IL 60593 Barry Frey MGR 9696 Bonita Beach Road, Suite 206 ■7 Add Bonita Springs, FL 34135 Remove 🗂 Add Remove Remove Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November 11 Signature of a member or authorized representative of a member Thomas O. Wells, authorized representative Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00