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SECRETARY OF STATE
TALLAHASSEE, FLORID.

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ATTORNEYS AND PROFESSIONAL COUNSEL

INFO@GADCLAW.COM / WWW.GADCLAW.COM

May 18, 2015

VIA CERTIFIED MAIL, RRR:

Registration Section, Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: NaplesPro Realty, PLLC

Articles of Amendment to Articles of Organization

Dear Sir or Madam:

This Firm has the pleasure of representing NaplesPro Realty, PLLC. Enclosed for filing is the Articles of Amendment to Articles of Organization for the above-named corporation, effectuating a change of address. Also enclosed is check to your order in the sum of \$25.00, representing the filing fee.

Please process the enclosed amendment in your usual manner. Correspondence may be returned to our Firm's Naples branch, and please do not hesitate to contact me, or my Paralegal, Laura, at 239-687-3936 should there be any additional issues. Thank you for your attention to this matter.

Sincerely,

S. Kyla Thomson, Esq.

SKT/lc Enclosures CC: Client

COVER LETTER

Division of Co	rporations		
SUBJECT: NAPLESI	PRO REALTY, PLLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Tim Guerrette		
		Name of Person	
	NAPLESPRO REALTY,	PLLC	
		Firm/Company	
	C/O 8950 FONTANA DE	L SOL WAY, Ste 100	
		Address	
	Naples, Florida 34109		
		City/State and Zip Code	
	Bcross@gadclaw.com		
	E-mail address: (to be used for future annual report notit	fication)
For further information of	concerning this matter, please ca	ali:	
Laura Cari		239 687-3936 at ()	
Name o	of Person	Area Code Daytime	e Telephone 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

Naplespro Real- (Name of the Limited Liability Comp. (A Florida Limited	Hy, PLUC any agit now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
n/a		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:	4851 Tamiami Trail North, Ste. 257	2015 SEI
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34103	
		7AR
Enter new mailing address, if applicable:	4851 Tamiami Trail North, Ste. 257	English I
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34103	Rich W
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	r the name of the nev
New Registered Office Address:	Enter Florida street address	
	, 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
n/a			Add
			Remove
			□ Change
			Add
			□ Remove
			· Change
			□ Remove
			Change
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			Remove
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n/a	•	
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ctive date, if other than the	e date of filing:	(optional) g or more than 90 days after filing.) Pursuant to 605.
e: If the date inserted in this	block does not meet the applicable statutory	filing requirements, this date will not be lister
ument's effective date on the	Department of State's records.	
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	Signature of a member or authorized represen	ntative of a member

Page 3 of 3

Filing Fee: \$25.00