

L150000 71831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

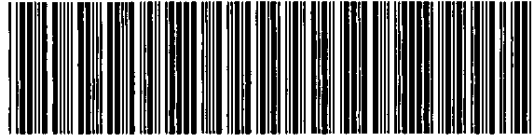
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600273291476

05/26/15--01097--002 **25.00

FILED

2015 MAY 26 AM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 29 2015
J. HARRIS



GOEDE / ADAMCZYK / DEBOEST / CROSS
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

**TO: Registration Section
Division of Corporations**

SUBJECT: NAPLESPRO REALTY, PLLC

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:

Tim Guerrette

Name of Person

NAPLESPRO REALTY, PLLC

Firm/Company

C/O 8950 FONTANA DEL 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 notification)

For further information concerning this matter, please call:

Laura Cari

239 687-3936
at ()

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

Naplespro Realty, PLLC

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| n/a | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
 2015 MAY 26 AM 4:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

n/a

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 May 18, 2015

Signature of a member or authorized representative of a member

Tim Guerrette

Typed or printed name of signee

FILED
2015 MAY 26 AM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA