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J. HARRIS

COVER LETTER

TO: Regis Divisi	tration Sec ion of Corp	tion brations'	· .	·
	00 MERMA	AIDS BIGHT, LLC		
SUBJECT: _		Name of Limi	ted Liability Company	
The enclosed A	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return a	II correspon	dence concerning this matter t	to the following:	
		MICHAEL L. MICHETTI,	ESQ	
		-, ,	Name of Person	
		WOODS, WEIDENMILLE	ER, MICHETTI & RUDNICK PL	
			Firm/Company	
		9045 STRADA STELL CO	OURT, FOURTH FLOOR	
			Address	
		NAPLES, FLORIDA 3410	9	
			City/State and Zip Code	
		MMICHETTI@LAWFIRM		
		E-mail address: (t	to be used for future annual report notific	eation)
For further info	ormation co	ncerning this matter, please ca	dl:	
MICHAEL L.	MICHETT	1	239 325-4070 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a c	heck for the	e following amount:		
■ \$25.00 Fili	ing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

300 MERMAIDS BIGHT, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1040 COLLIER CENTER WAY, UNIT I
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FLORIDA 34110 US
	(2) (2) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Enter new mailing address, if applicable:	1040 COLLIER CENTER WAY, UNIT 1, 📆 🚆 🖂
(Mailing address MAY BE A POST OFFICE BOX)	NAPLES, FLORIDA 34110 US
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
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
MGR	WILLIAM E CHAPIN III	1040 COLLIER CENTER WAY	□ Add
		UNIT 1	□ Remove
		NAPLES, FL 34110	Change
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
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	fies a delayed effecti after the record is fi		an effective time, at 1	12:01 a.m. on the earlie
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7	Signature	of a member or author	ized representative of a member	
	AEL MICHETTI			2: 58 514 FE 1.0RIDA
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00