JAN/17/2018/WED 02:32 PM L17000254305 FAX P.01

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000020442 3)))



H18000020442 3ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : WOOD, BUCKEL AND CARMICHAEL, PLLC
Account Number : I20170000051
Phone : (239)552-4100
Fax Number : (239)649-0158

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bsm@wbclawyers.com

RECEIVED
JAN 17 2018

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ARAGUANEY 29, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

FILED
18 JAN 17 PM 12:03
FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

S WARREN

JAN 18 2018

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Araguancy 29, LLC
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:

Bonie Montalvo
Name of Person

Wood, Buckel & Carmichael
Firm/Company

2150 Goodlette Road N., Sixth Floor
Address

Naples, FL 34102
City/State and Zip Code

bsm@wbclawyers.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonie Montalvo at (239) 552-4138
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Araguancy 29, 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 12/12/2017 and assigned Florida document number L17000254205.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address: 2150 Goodlette Road N. Sixth Floor
Enter Florida street address

Naples, **Florida** 34102
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.

FILED
2018 JAN 17 P 12:03
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGR	Bonie Montalvo	4109 CARRIAGE DRIVE #L4	☐ Add
		POMPANO BEACH, FL 33069	■ Remove
			☐ Change
MGR	Ana Ball de Machado	4109 CARRIAGE DRIVE #L4	■ Add
		POMPANO BEACH, FL 33069	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

18 JAN 17 PM 12:03

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

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 January 17, 2018.

Signature of a member or authorized representative of a member

Bonie Montalvo

Typed or printed name of signee

FILED
18 JAN 17 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00