1/8000263032

(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



400321077794

11/26/18--01027--007 **25.00

18 NOV 26 FH 5: 42

ארף - אייים

T SCHROEDER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appea	ars on our records.)
(<u></u>	ited Liability Company as it now appea (A Florida Limited Liability Company)	
he Articles of Organization for this Limited	Liability Company were filed on $\frac{N}{2}$	OVEMBER 09, 2018 and assigned
lorida document number L 18000263032		
his amendment is submitted to amend the fol	llowing:	
. If amending name, enter the new name	of the limited liability company h	nere:
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	: <u></u>
		<u> </u>
		H 2 11
nter new mailing address, if applicable:		o
Mailing address MAY BE A POST OFFICE	<u> </u>	<u> </u>
		20 € N
. If amending the registered agent and egistered agent and/or the new registered of		n our records, enter the name of th
Name of New Registered Agent:	VIRGINIA CONDELLO	
	6461 SANDALWOOD LANE	
New Registered Office Address:		orida street address
	NAPLES	, Florida ³⁴¹⁰⁹
	City	, Florida 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			S Change
		<u></u>	CD Add
			Remove
			☐ Change
			Remove
			□ Change
			□ Remove
			☐ Change

			_			
						
-						
		<u> </u>				
						
		——————————————————————————————————————				
				Ξo.	4	
			· · · · · · · · · · · · · · · · · · ·		- 8 ₩0₩	
		<u></u>			ري <u>آڻ</u>	<u></u> :
				<u> </u>	9	; m = 1.
				- '	PH t	
				43 (344	- 61	
	· · · · · · · · · · · · · · · · · · ·		7,7	9	<u>[%)</u>	
				D		
etive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be If the date inserted in this block does not meet the ment's effective date on the Department of State's re-	oe prior to date of applicable statu	filing or more than		r filing.) P		
ecord specifies a delayed effective date, been egoth day after the record is filed.	ut not an eff	ective time, a	t 12:01	a.m. or	the e	earlier
d、						
0 0						
Signature of a member of	or authorized repr	esentative of a med	nber		 .	_

Page 3 of 3

Filing Fee: \$25.00