## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAKAHATCHEE TRACE, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
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MAR - 9 2012

EXAMNER

# - Fax Transmission

To: Florida Department of State - Division of

From: James R. Nici, Esq.

Corporations

+1 (850) 6176383

Date: 3/7/2012

RE: Fakahatchee Trace, LLC Pages: 6

#### Comments:

Fax:

Attached is Amendment to Articles and Consent for filing



Registration Section

TO:

## **COVER LETTER**

· Division of C	orporations			
SUBJECT:	Fakaha	tchee Trace, LLC		•
SCHOECT:		nited Liability Company		
			MILHAR -8 AM 8: UF STATES	
			25	
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.		_
Please return all corres	pondence concerning this matt	er to the following:		$C_{i}$
			Section 3	C
		James R. Nici, Esq.	£ 40 6	
		Name of Person		٠
		•	Em .	
		Nici Law Firm, P.L.	7	
		Firm/Company		
	4.40		10	
	1185	Immokalee Road - Ste 1	10	
		Address		
		Naples, FL 34110		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
	E-mail address:	(to be used for future annual report ne	olification)	
For further information	concerning this matter, please	call;		
Kathy V	/alentine, Paralegal	at ( 239 )	449-6150	
Name of Person		Area Code & Day	time Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	<b> ₹</b> 30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & ced) Certified Copy	
		(auditional copy is enclos	(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**

7/2012 02:21 p TO:+1 (850) 6176383 FROM:	8776460560 Page: 4				
	FICLES OF AMENDMENT TO ICLES OF ORGANIZATION	200 E /			
		· San F			
(Name of the Limite	Fakahatchee Trace, LLC	on our records			
(Anne of the Exinter	Liability Company as it now appears Florida Limited Liability Company)	on our records.			
The Articles of Organization for this Limited L	iability Company were filed on	7/21/2003 and assigned			
Florida document number L0300002					
Tronda document manior					
This amendment is submitted to amend the foll	owing:				
	<b>C</b>				
A. If amending name, enter the new name o	t the limited liability company here:				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Company	"," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE					
	<del></del>				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)				
•					
B. If amending the registered agent and/ registered agent and/or the new registered of		r records, enter the name of the new			
Name of New Registered Agent:	James R. Nici, Esq., Nici Lav	/ Firm, P.L.			
New Registered Office Address:	New Registered Office Address: 1185 Immokalee Road - Ste 110				
-14:: -1-Q1-14	Enter Florida street address				
	Naples	, Florida 34110			
•	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 608, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nnager Managing Member		2
<u>Title</u>	Name	Address	Type of Action
MGRM	Michael Urbanik	4406 Arnoid Avenue Naples, Fl. 34104	Add Memove
MGRM	Karen Urbanik	1558 Heights Court Marco Island, FL 34145	Addy Remove
MGR	Brian W. Jones	P.O. Box 112521 Naples, Ft. 34108	
MGR_	Michelle A. Jones	P.O. Box 112521 Naples, FL 34108	Add Remove
			Add Remove
			Add Remove
		r change(s) here: (Attach additional sheets, if necessary.) , LLC as substituted sole Member	
Dated	March 7	2012 hallow	
!	_	member of authorized representative of a member  e A. Jones, co-Managers of Blue Spoon, LLC, Managers of Speed or printed name of signee	lembe

Page 2 of 2

Filing Fee: \$25.00

### CONSENT TO ACTIONS TAKEN WITHOUT A MEETING OF THE SOLE MEMBER OF FAKAHATCHEE TRACE, LLC

ALE MARINE WHEREAS, FAKAHATCHEE TRACE, LLC (the "Company") is active with the State of Florida; and

WHEREAS, BLUE SPOON, LLC, a Florida limited liability company has been substituted as the sole Member of Fakahatchee Trace, LLC.

NOW, THEREFORE, the undersigned, being the sole Member of Fakahatchee Trace, LLC (the "Company"), in accordance with Section 608.4231(8) of the Florida Limited Liability Company Act (the "Act") relating to actions taken without a meeting, hereby consent to the following actions by the sole Member of the Company:

RESOLVED, the following persons are elected to serve as co-Managers until the next annual meeting and until his or her successor is elected:

Brian W. Jones and Michelle A. Jones

RESOLVED, this action by written consent of the sole Member of the Company shall be in lieu of the annual meeting of the Members of the Company.

Dated effective as of MAY(M 7, 2012.

MEMBER:

BLUE SPOON, LLC

. Jon co-Manager

co-Manager