Division of Corporations Electronic Filing Cover Sheet

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(((H10000061548 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383 MAR **I 9** 2010

From:

Account Name

: SALVATORI & WOOD, BUCKEL & WEIDENMILLER

Account Number : 120030000112 Phone

: (239)552-4100

Fax Number

: (239)649-1706

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

Email Address: SCS@SWbW-law.Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SALVATORI, WOOD, BUCKEL & WEIDENMILLER, P.L.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

SAMVATORI & WOOD (((H10000061548 3)))

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Salvatori, Wood, B	uckel & Weidenmill	er, P.L.
<u></u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
		Shelley Saivatori	
		Name of Person	
	Sa	Ivatori, Wood & Bucke	1
		Firm/Company	
	9132 \$	Strada Place - Fourth F	Floor
		Address	
-		Naples, FL 34108	
	-	City/State and Zip Code	
		SCS@SWbW-law.com to be used for future annual repor	1 notification)
For further information c	oncerning this matter, please o	-	,,
Lec	J. Salvatori	at (239)	552-4100
Name of Person			Daytime Telephone Number
Enclosed is a check for th	e following amount:	v	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Closed) Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

No. 2596 P. 4

SALVATORI & WOOD (((H10000061548 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Salvatori, Wood,	Buckel & Weidenm	iller, P.L.	
(Name of the Limited Liabili (A Florida	ty Company as It now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL03000048372	Company were filed on	11/26/2003	and assigned
This amondment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>·e</u> :	
	Wood & Buckel, P.L.		A control of the cont
The new name must be distinguishable and end with the well-L.C."	ards "Limited Liability Compa	my," fite designation "L	LC of the appreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	<u> (KESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter f</u> l	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	. En	ter Florida street addi	ess
		, Florida	7400
ar managaran da	City		COME TO THE
New Registered Agent's Signature, if changing Register	ca Agent:		AR I
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	ind complete performance agent as provided for in Cl red office address, I hereby	of my duties, and I a hapter 608, F.S. Or, (nifamiliar <u>m</u> ith and if this document b

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

•		`\	
Mar.	18.	2010	10:30AM

Mar. 18. 2010 10:30AM SALVATORI & WOOD No. 2596 P. 3

(((H10000061548 3)))

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 = Manager MGRM = Managing Member

Title	Name	Address	Type of Action		
MGRM	Casey K. Weidenmiller	9132 Strada Place, Fourth Floor Naples, FL 341008	Add Remove		
	·		Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)			
	·		- -		
			10 HA		
Dated	March 17 2010		AR 18 A		
	- "	authorized representative of a member J. Salvatori	AH 10: 51		
-	Typed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00

(((H100000615483)))