

LD3000050972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

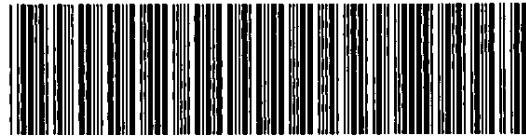
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



800234653318

05/18/12--01003--004 **685.00

FILED
12 MAY 18 AM 11:14
SECOND JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

N. Culligan MAY 21 2012

Registration Section
Division of Corporations
State of Florida

5/12/12

Re. Florida Document Number L03000050972

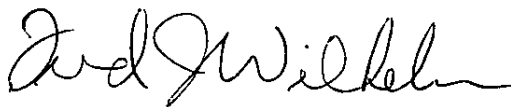
This transmittal of forms is intended to accomplish the following:

1. Change the name of our LLC from Back Bay LLC to Back Bay Naples LLC (our original name, Back Bay LLC, was taken during a period the LLC's registration had lapsed)
2. Change the registered agent and addresses of two of the MGRMs.
3. Reinstate the newly named LLC

To accomplish these items we have enclosed one check for \$685:

- | | |
|---|----------|
| 1. Reinstatement Fee of | \$100.00 |
| 2. Annual Report Fee (\$138.75 x 4 years) | 555.00 |
| 3. Filing Fee for changes | 25.00 |
| 4. Certificate of Status | 5.00 |

If you have any questions, please call.



Fred Wilhelm
5888 Three Iron Drive
Naples, FL 34110
239-598-0988

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BACK BAY LLC TO BE CHANGED TO BACK BAY NAPLES 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:

FRED WILHELM

Name of Person

Firm/Company

5888 THREE IRON DRIVE #1201

Address

NAPLES, FLORIDA, 34110

City/State and Zip Code

FRED.WILHELM@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRED WILHELM

Name of Person

at (239) 598-0988

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

BACK BAY LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
12 MAY 18 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 8, 2003 OR FEBRUARY 26, 2004 and assigned Florida document number L03000050972.

This amendment is submitted to amend the following:

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

BACK BAY NAPLES LLC
The new name must be distinguishable and end with 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)

5888 THREE IRON DRIVE
#1201
NAPLES, FL 34110

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5888 THREE IRON DRIVE
#1201
NAPLES, FL 34110

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:

FRED WILHELM

New Registered Office Address:

5888 THREE IRON DRIVE #1201
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.

Fred Wilhelm
If Changing Registered Agent, Signature of New Registered Agent

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

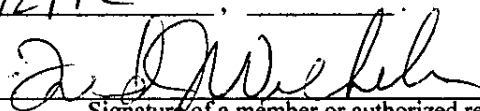
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>CHARLES M. REID</u>	<u>2200 CARLISLE ROAD</u> <u>GREENSBORO NC 27408</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>CHARLES M. REID</u>	<u>3 SAINT SIMONS SQUARE</u> <u>GREENSBORO NC 27408</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>JAMES W. STANLEY</u>	<u>5904 THREE IRON DRIVE #2104</u> <u>NAPLES, FL 34110</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>JAMES W. STANLEY</u>	<u>352 EDGEWATER WAY</u> <u>NAPLES, FL 34105</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
12 MAY 18 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 5/12/12



Signature of a member or authorized representative of a member

FRED WILHELM

Typed or printed name of signee