

LD4000034169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

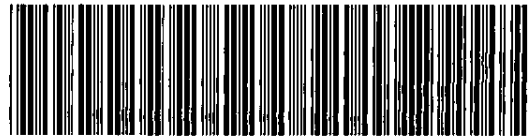
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900213033769

10/25/11--01013--012 **30.00

FILED
2011 OCT 25 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 26 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A-1 PATIOS, L.L.C.
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:

MARY ELLIS
Name of Person
A-1 PATIOS, LLC
Firm/Company
1754 BEVERLY DR
Address
NAPLES, FL, 34114
City/State and Zip Code
MEO12357@Comcast.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY ELLIS at (239) 417-3404 / 239-417-4224
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

FILED

2011 OCT 25 AM 11:33

A-1 PATIOS, L.L.C.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4-29-04 and assigned
Florida document number 204000034169

This amendment is submitted to amend the following:

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

(SAME)

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

ELIZABETH GOULD

1754 BEVERLY DR

NAPLES FL 34114

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(SAME)

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:

(SAME)

New Registered Office Address:

Enter Florida street address

City, Florida

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.

(SAME)
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>
MGR	HOWARD ELLIS - (SAME)	1754 BEVERLY DR NAPLES FL 34114	<input type="checkbox"/> Add <input type="checkbox"/> Remove SAME
MGRM	ELIZABETH GOULD	1754 BEVERLY DR NAPLES FL, 34114	<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
			<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.)

SAME

Dated 10/23/11



Signature of a member or authorized representative of a member

HOWARD ELLIS

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 25 AM 11:33

FILED