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T. HAMPTON

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EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations					
Dol Drov	do Doolby LLC		_		
SUBJECT: Del Prado Realty, LLC (Name of Limited Liability Company)					
	(, ,,,			
•					
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Alexandra Fischer				
		(Name of Person)			
	Del Prado Realty, LLC				
(Firm/Company)					
	D O DOV 404504				
	P.O.BOX 101521	(Address)			
	Cape Coral. FL. 33910	(Cit. (State - 4.7) - C-4.)			
		(City/State and Zip Code)			
For further information co	oncerning this matter, please c	all:			
Alexandra Fischer		at (239) 298-9264			
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	☐S30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee. Certificate of Status &		
	Confidence of Stands	(additional copy is enclosed)	Certified Copy		
			(additional copy is enclosed)		
MAILING ADDRESS:		STREET/COURIER ADDRESS:			
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301			
		ranassee, rl 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Del Prado Realty, LLC				
. (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Compan	y were filed on <u>10/11/2004</u>	and assigned		
Florida document number 1 04000073816				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and end with the words "Lir"L.L.C."	nited Liability Company," the de	signation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		7=		
•		PEC 1000		
		ARE OCT		
Enter new mailing address, if applicable:		SSS T		
(Mailing address MAY BE A POST OFFICE BOX)		mo T		
		36 71E 81DJ		
B. If amending the registered agent and/or registered		ds, enter the name of the ne		
registered agent and/or the new registered office address he	ere:			
Name of New Registered Agent:		- · · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:				
	(Enter Florida street address)			
		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.

(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> Type of Action Address <u>Name</u> Fred C. Nachbrunn 1507 SE 47th Ter Add Remove Cape Coral, FL. 33904 MGR Alexandra M. Fischer P.O.BOX 100510 ■ Add Cape Coral, FL, 33910 ■ Remove MGRM Del Prado, LLC P.O.BOX 100510 **■** 🗗 Add Remove Cape Coral, FL, 33910 ☐ Add ☐ Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 10-6-08 Signature of a member or authorized representative of a member

Page 2 of 2

Alexandra Fischer

Filing Fee: \$25.00

Typed or printed name of signee