L05000060551

(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:				
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COVER LETTER

TO:	Registration Se Division of Cor						
Robert and Julie Wright, LLC							
SUBJECT: Name of Limited Liability Company							
		Amendment and fee(s) are sub-	-	·			
		Richard D. Cimino					
Name of Person							
Richard D. Cimino, P.A.							
Firm/Company							
4851 Tamiami Trail North, Suite 222							
Address							
Naples, FL 34103							
		rwrig 15906@aol.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:							
Richai	Lichard D. Cimino 239 302-1606						
at ()				Telephone Number			
Enclos	ed is a check for t	lie following amount:					
\$2.	5.00 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

Robert and Julie Wright, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company)		
The Articles of Organization for this Limited Liability Company L05000060551	were filed on June 17, 2005 and assigned		
Florida document number L05000060551			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Robert A. Wright, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	633 91st Ave. North		
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34108		
Enter new mailing address, if applicable:	P. O. Box 110441		
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34108		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> **Address** _□ Add ☐ Remove ☐ Change _□ Add _□ Remove _□ Add □ Remove Change HAY L Pove 4: Ogange □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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	_
E. Effective date, if other than the date of filing:	
If the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the ϵ (b) The 90th day after the record is filed.	earlier of:
Dated May 8 2018 Rubow D. Cimino attoiney for Robert Signardre of a member or authorized representative of a member	A. Wright
Richard D. Cimino	

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Typed or printed name of signee

Filing Fee: \$25.00