L05000075931

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

	on Section f Corporations	
Wo SUBJECT:	ldale E LLC	
<u></u>	Name of Limited Liability Company	100
The enclosed Art	les of Amendment and fee(s) are submitted for tiling.	
Please return all o	rrespondence concerning this matter to the following:	
	Matthew Traiser	
	Name of Person	
	Matthew J Traiser PA	
	Firm/Company	
	8805 Tamiami Trail North, Suite 212	
	Address	
	Naples, Florida 34108	
	City/State and Zip Code Matthew.Traiser@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	tion concerning this matter, please call:	
Matthew Traiser	612 414-3322 at ()	
	ame of Person Area Code Daytime Telephone Number	_
Enclosed is a che	for the following amount:	
■ \$25.00 Filing	ee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fe Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &

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

Wooddale E. LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/03/2005 and assigned 105000075931

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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.		
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Matthew Traiser	8805 Tamiami Trail North, #145 Naples, Florida 34108	
			= Add
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Effective date, if other the (If an effective date is listed, the Note: If the date inserted is document's effective date of	date must be speci in this block does	ific and cannot be prices not meet the apple	icable statutory filing	(optional) ore than 90 days after filing.) requirements, this date v	Pursuant to 605.0207 will not be listed as
the record specifies a d) The 90th day after t			ot an effective ti	me, at 12:01 a.m. o	on the earlier of
Dated October 15	·	2015			
11.1	11/	·	·		
(W	for han	<u> </u>	horized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00