#105000097257

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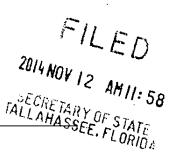
2014 NOV 12 AM 11: 58
SECRETARY OF STATE

EXAMINER
NOV 1 9 2014

COVER LETTER

	2541 18	amiami Trail, LLC	manadasodashesodara Timini simuni persir esbabea	to the state and the second of
SUBJECT:		Name of Limi	ted Liability Company,	
		the area of the	•	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Andrew Barnette		
			Name of Person	
		Andrew Barnette & A	Associates, PA	
			Firm/Company	<u>.</u>
•		4427 Del Prado Bou	levard	
_			Address	
		Cape Coral, Florida	33904	
	, (andrew.barnette@ba		• • •
•		·	to be used for future annual report noti	fication)
For further in	formation c	oncerning this matter, please ca	ıll:	
Barbara M	I. Watt-B	iggs	239 542-8611 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
\$25,00 Fi	ling 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
	MAIL	ING ADDRESS: ation Section	STREET/COUR) Registration Section	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2541 Tamiami Trail, 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 L	iability Company were filed on	September 30, 2005 and assigned
Florida document number L05000097257	·	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company	here:
2541 Tamiami Trail Sunbelt Realty, LL	.C	
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 applic	eable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
·		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	
registered agent and/or the new registered o		on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	4427 Del Prado Boulev	
		Florida street address
•	Cape Coral	, Florida 33904
	CIP	Zip Coae
		·
New Registered Agent's Signature, if changing	Registered Agent:	is capacity. I further agree to comply with the

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: FILED MGR = Manager 2014 NOV 12 AM 11: 58 Type of Action AMBR = Authorized Member SECRETARY OF STATE FALLAHASSEE, FLORIDA - Add **Title Address** <u>Name</u> ☐ Remove _□ Add ☐ Remove _□ Add ____ □ Remove _ Add _□ Remove _ Add ____ Add __□ Remove

· <u>·</u>	
	date, if other than the date of filing:
Dated	······································
	andre @ Santo
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00