

205000 107575

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000276727 3)))



H140002767273ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES
Account Number : I20030000112
Phone : (239) 552-4100
Fax Number : (239) 649-0158

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: scs@swbcl.com

RECEIVED
14 DEC -1 AM 10:00
BUREAU OF COMMERCIAL INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
780 FIFTH AVENUE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

FILED
14 DEC -1 AM 8:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

((H14000276727 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 780 Fifth Avenue, LLC

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:

Leo J. Salvatori

Name of Person

Salvatori, Wood, Buckel, Carmichael & Lottes

Firm/Company

9132 Strada Place, Fourth Floor

Address

Naples, FL 34108

City/State and Zip Code

scs@swbcl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leo J. Salvatori

at (239) 552-4100

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

((H14000276727 3)))

(((H14000276727 3)))
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

780 Fifth Avenue, 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 November 4, 2005 and assigned Florida document number L05000107575.

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 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)

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:

Salvatori, Wood, Buckel, Carmichael & Lottes

New Registered Office Address:

9132 Strada Place, Fourth Floor

Enter Florida street address

Naples

City

Florida

34109

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

FILED
14 DEC -1 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H14000276727 3))

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:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	Ryan C. Youmans	780 5th Avenue South #200	<input type="checkbox"/> Add
		Naples, FL 34102	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 14 DEC - 1 AM @ 12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

((H14000276727 3))

((H14000276727 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 1, 2014

Signature of a member or authorized representative of a member

Leo J. Salvatori, Authorized Representative

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC - 1 AM 8:12
FILED

((H14000276727 3)))