**Division of Corporations** Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : MARC L. SHAPIRO, P.A.

Account Number : 120080000007 Phone : (239)649-8050 Fax Number : (239)649-8054

## C AMND/RESTATE/CORRECT OR M/MG RESIGN

#### ARBOR PROPERTIES, LLC

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**EXAMINER** 

## 4080001646463

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARBOR PROPERTIES, LLC (Name of the Umited Liability Co.	mosay St. It now appears on our records	<del></del> .		
(A Florida Limi	mpany as it now appears on our records.) ted Liability Company)			
The Articles of Organization for this Limited Liability Comp	pany were filed on DECEMBER 7, 2005	and assigned		
Florida document number L05000116658				
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 "L.L.C."	Limited Liability Company," the designation	'LLC" or the abbreviation		
Enter new principal offices address, if applicable:		<b>2</b> ≦%		
(Principal office address MUST BE A STREET ADDRESS	S2	<b>2</b> 32		
		, o-1		
		う Self- Self		
Enter new mailing address, if applicable:		<b>→</b> Segu		
(Mailing address MAY BE A POST OFFICE BOX)		<u>5 🔾 🔅</u>		
•		<u> </u>		
B. If amending the registered agent and/or registered	d affice address on our manuals autom	41		
registered agent and/or the new registered office address		the mame of the new		
•				
Name of New Registered Agent:				
New Registered Office Address:				
•	(Enter Florida street address)			
	, Florida			
Non-Productive According to the control of the cont	(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)

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# H080001646463

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>	Name	Address	Type	e of Actio
MGRM	ANTHONY MARINO	1800 SENEGAL DATE DRIVE NAPLES, FL 34119	<b>n</b> A <b>n</b> 7 R	
MGRM	ARKWAY TRUST	1800 SENEGAL DATE DRIVE NAPLES. FL 34119	A R	
MGRM	ADVATAGE TRUST	1800 SENEGAL DATE DRIVE NAPLES, FL 34119	_ <b>n</b>	dd emove
				.dd emove
<del></del>			Ac	id emove
			Ac	
D. Ifamendi	ing any other information, enter (	change(s) here: (Attach additional sheets, if necessary.		
<del>-</del> -	,			
Dated JULY 7	, A	ar I. Shafur	<del></del>	
		member or authorized representative of a member  MARC L. SHAPIRO  Typed or printed name of signee		

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