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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

D. BRUCE

MAY 16 2012

EXAMINER

COVER LETTER

Division of Corporations							
• • •							
SUBJECT:		<u>nper III,</u>					
, , ,	lame of Limite	d Liabili	ty Compan	у			
Dear Sir or Madam:							
The enclosed Registered Agent/Reg	gistered Office	Change	and fee(s) a	re submitted for	filing.		
Please return all correspondence co	ncerning this r	natter to	the following	ng:			
Linda Williar	ns		_				
Name of Person			-				
NYFL Commercial Hol	dinas 2. LLC						
Firm/Company			_		ALC:	12	
					LAH	NYA H	
18011 S. Tamiami Tr., Ste	# 16-PMB 1	53	-		IARY IASSEI	<u> </u>	
Address	. •		,		SE(Y		
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Fort Myers/FI 3	3908				0.1	i io	
City/State and Zip Co	de		-		REE	eيا ک	
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venvp@embarqm E-mail address: (to be used for future and	ail.com	2	_				
For further information concerning Linda Williams	this matter, ple	ease call:	`	690-2826			
Name of Person			rea Code & D	aytime Telephone Nu	mber		
STREET/COURIER ADDRI	ree.	B.A.A.1	LINC ARE	DECC.			
Registration Section	233:	: MAILING ADDRESS: Registration Section					
Division of Corporations		Division of Corporations					
Clifton Building		P.O. Box 6327					
2661 Executive Center Circle		Talla	hassee, Flor	ida 32314			
Tallahassee, Florida 32301							
Enclosed is a check for the	following am	ount:					
\$25 Filing Fee		\$55	Filing Fee	& Certified Cop	у		

INFIS18 (5/08)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENPER				
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our re Limited Liability Company)	cords.)		
The Articles of Organization for this Limited Liability	Company were filed onOY / O 7 /	2006 and assigned		
Florida document number <u>L06 0000 36891</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the des	ignation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	F-14ppi 		
		<u> </u>		
		圣器 墨 们		
Enter new mailing address, if applicable:		SA -		
(Mailing address MAY BE A POST OFFICE BOX)		m~		
		37 3		
	400 many 19 man 19 page 19 may 19 page 19 page 19 may 19 page 19 may 19 page 19 may 19 page 19 page 19 page 19			
B. If amending the registered agent and/or regis	stered office address on our record			
registered agent and/or the new registered office add	<u>lress herc</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	Enter Florida street address		
	, F	, Florida		
No. distribution.	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

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>	<u>Name</u>	Address	Type of Action
MGR	TOM C. VENETIS	9421 CHARTWELL BREEZE DR BONITA SPRINGS FL 34135	Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
			Add Remove
***************************************	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	12 HAY I
			Y IS PHE: 55 IARY OF STATE
Dated	5/5/2012	·	Ömi (41) > -
		r authorized representative of a member PERIZE printed name of signee	
	i ypeu or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00