

106000048516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

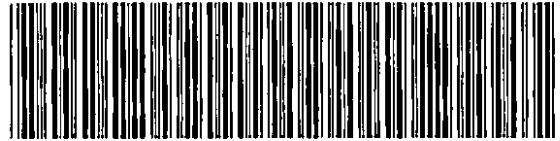
(Business Entity Name)

(Document Number)

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18 JUL 10 PM 1:51  
DIVISION OF REGISTRATION  
PUBLIC  
SECRETARY OF STATE

N COOPER

JUL 12 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Naples Associates LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Hawrych

\_\_\_\_\_  
Name of Person

Naples Associates LLC

\_\_\_\_\_  
Firm/Company

1205 Piper Boulevard Suite 204

\_\_\_\_\_  
Address

Naples, FL 34110

\_\_\_\_\_  
City/State and Zip Code

hawrychmd@yahoo.com

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

For further information concerning this matter, please call:

Andrew Hawrych

239 593-5000  
at ( )

\_\_\_\_\_  
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

Naples Associates L.L.C.

Page 1 of 3

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>	<u>Type of Action</u>
MGRM	VINOGRADOV, ALEXEY	1205 PIPER BOULEVARD	<input type="checkbox"/> Add
		SUITE 204	<input checked="" type="checkbox"/> Remove
		NAPLES, FL 34110	<input type="checkbox"/> Change
MGRM	HBID ASSOCIATES LLC	1205 PIPER BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE 204	<input type="checkbox"/> Remove
		NAPLES, FL 34110	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

SECRET  
DIVISION OF INVESTIGATION  
18 JUL 10 PM 1:51

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 5 2018

Signature of a member or authorized representative

Typed or printed name of signee