106000120254

(Requestor's Name)	
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PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
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Amend

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I ALBRITTON

COVER LETTER

TO: Registration S Division of Co				
Admiralty SUBJECT:	Administrative Services, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
	f Amendment and fee(s) are sub condence concerning this matter	Ţ.		
	Michael E. Autera			
		Name of Person		
	Admiralty Administrative	Services, LLC		
		Firm/Company		
		Address		
	Naples, FL 34109			
	City/State and Zip Code			
	AASNaples@gmail.com			
For further information	t-mail address: (to be used for future annual report notiful.	ication)	
Michael E. Autera		239 254-8582 at ()		
Name	of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Admirally Administrative Services, LLC		<u> </u>
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our r rida Limited Liability Company)	ecords.)
he Articles of Organization for this Limited Liability	y Company were filed on 12/18/2006	and assigned
lorida document number L06000120254	.	
nis amendment is submitted to amend the following	:	
. If amending name, enter the new name of the l	imited liability company here:	
I/A		
he new name must be distinguishable and contain the words "I	Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET AD.	DRESS)	
nter new mailing address, if applicable:	N/A	· · · · ·
<u> Aailing address MAY BE A POST OFFICE BOX)</u>		
		0: 0
		2
. If amending the registered agent and/or registe gent and/or the new registered office address her		nter the name of the new regis
Name of New Posistered Access	A	
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street a	ddrass
	imer i anna siree a	WW. KOD
	Cin	, Florida Zip Code
	CIII	z_{H}

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 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>	Address	Type of Action
MGR	Martha T. Autera	1415 Panther Lane; Ste 204; Naples, FL 34109	■Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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ectiv	e date, if other than the date of filing: (ontional)
n effec	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Decreases 405.05
<u>nc.</u> 11	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at selective date on the Department of State's records.
	the second of State steeping.
van ed	gnorifica a deleved (CC et al. 1).
s filed	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
, M	1ay 19 2020
ted	
	#/-\
	Signature of a member or authorized representative of a member
	e and a member of authorized representative of a member