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EXAMINER

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SECRETARY OF STATE

COVER LETTER

то:		ration Secti n of Corpo			
CLID IE	CT.		F&V F	ort Myers, LLC	
SUBJEC	CI:			ited Liability Company	
The encl	losed An	ticles of Ar	mendment and fee(s) are su	bmitted for filing.	
Please re	eturn all	correspond	lence concerning this matter	r to the following:	
				Thomas Hopf	
				Name of Person	
				E&V Fort Myers, LLC	
				Firm/Company	
			133	33 Cape Coral Pkw East	
				Address	
				Cape Coral, FL 33904	
				City/State and Zip Code	•• ,
		· · · ·	E-mail address: (to be used for future annual report no	otification)
For furth	ner inform	nation con	cerning this matter, please of	call:	
		Tho	mas Honf	220	200 1512
Thomas Hopf Name of Person			at (239) Area Code & Day	209-1513 time Telephone Number	
Enclosed	is a che	eck for the	following amount:		
\$25.0	00 Filing	Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 5 Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E&V Fort My	ers, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	/ as it now appear	rs on our records.)	
(At Foliation Diffical Diffion Diffical Diffical Diffical Diffical Diffical Diffical Diffical	ionity Company)		
The Articles of Organization for this Limited Liability Company v	vere filed on	05-09-2007	and assigned
Florida document number L07000049462			0
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	·e:	
E&V Fort Myers I		<u>-</u> -	
The new name must be distinguishable and end with the words "Limite	•	nny" the decignation "I	C" or the abbreviation
"L.L.C."	a Elability Compa	my, the designation E	be of the aboreviation
Entou now principal offices address if anniversely.			
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)		-	
Muning waters mill bis fill OSI OTITED BOX			
			
B. If amending the registered agent and/or registered office	oo oddross on (our records enter th	o nome of the new
registered agent and/or the new registered office address here:	e address on c	oui records, <u>enter ti</u>	e name of the new
Name of New Registered Agent:			
Name of New Registered Agent.		3	- S - C
New Registered Office Address:			09 H
	Ent	ter Florida street adde	ROS T
		. Florida	<u> </u>
	City	, Florida	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple.	•		
New Negation of Signature, it changing Registered Agents		<u> </u>	8
I hereby accept the appointment as registered agent and agree	to act in this co	anacity. I further as	e lo comply with
the provisions of all statutes relative to the proper and comple	te performance	of my duties, and I ar	n familiar with and
accept the obligations of my position as registered agent as pr			
being filed to merely reflect a change in the registered office a	ddress, I hereby	confirm that the limi	ted liability
company has been notified in writing of this change.			

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM	I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hopf, Thomas	126 SW 49th Terrace Cape Coral, FL 33914	Add Remove
MGR_	Harris, Geraldine	1333 Cape Coral Pkw East Cape Coral, FL 33904	✓ Add ☐ Remove
			Add Remove
		<u> </u>	Add Remove
			Add Remove
	-		Add Remove
D. If an	nending any other information, enter	change(s) here: (Attach additional sheets, if nece.	ssary.)
Dated	MAY 1414	2009.	FILEI 09 MAY 18 AM SECRETARY OF TALLAHASSEE FI
Dateu	7	ember or authorized representative of a member	8: 20 STATE TORRIDA
		Thomas Hopf	·
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00