

LO7000057657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

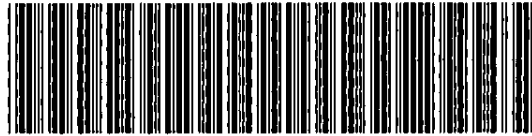
LO7-57657

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Collins FEB 20 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Apogee SW FLA, LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David A. Puskaric

(Name of Person)

All Inclusive Management, Inc.

(Firm/Company)

809 Walkerbilt Rd. Suite 6

(Address)

Naples, FL 34110

(City/State and Zip Code)

For further information concerning this matter, please call:

David Puskaric

(Name of Person)

at (239) 449-4887

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2009

DAVID A. PUSKARIC
809 WALKERBILT ROAD
SUITE 6
NAPLES, FL 34110

SUBJECT: APOGEE SW FLA, LLC.
Ref. Number: L07000057657

We have received your document for APOGEE SW FLA, LLC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 909A00004673

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
09 FEB 20 AM 10:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Apogee SW FLA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 31, 2007 and assigned
Florida document number L07000057657.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

Florida

(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>	<u>Address</u>	<u>Type of Action</u>
MGRM	All Inclusive Management, Inc	3951 Arnold Ave Naples, FL 34104	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	A I Management Enterprise, LLC	PO Box 112346 Naples, FL 34108	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

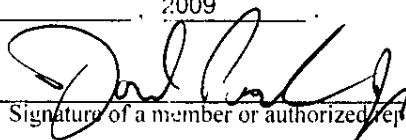
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 FEB 20 AM 10: 09

FILED

Dated February 3rd, 2009



Signature of a member or authorized representative of a member

All Inclusive Management, Inc./David A. Puskaric Jr.

Typed or printed name of signee