

LD800005550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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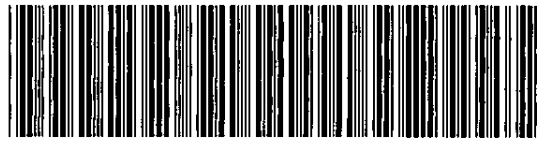
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amendment
LD8-SSSSD

FILED
08 NOV 12 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

NOV 13 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 16976 Verona Lane, 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:

Thomas O. Wells, Esq.

(Name of Person)

Thomas O. Wells, P.A.

(Firm/Company)

540 Biltmore Way

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas O. Wells

(Name of Person)

at (305) 444-0016

(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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
NOV 12 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16976 Verona Lane, 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 June 5, 2008 and assigned
Florida document number L08000055550.

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:

9696 Bonita Beach Road, Suite 206

(Principal office address MUST BE A STREET ADDRESS)

Bonita Springs, FL 34135

Attn: Cheryl Sandberg

Enter new mailing address, if applicable:

9696 Bonita Beach Road, Suite 206

(Mailing address MAY BE A POST OFFICE BOX)

Bonita Springs, FL 34135

Attn: Cheryl Sandberg

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:

Thomas O. Wells, P.A.

New Registered Office Address:

540 Biltmore Way

(Enter Florida street address)

Coral Gables

(City)

, Florida 33134

(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.

Thomas O Wells
(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:

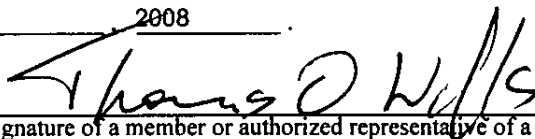
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ronald Santella	1250 East Diehl Road, Suite 405 Naperville, IL 60593	☐ Add ☒ Remove
MGR	Barry Frey	9696 Bonita Beach Road, Suite 206 Bonita Springs, FL 34135	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated November 11

2008



Signature of a member or authorized representative of a member

Thomas O. Wells, authorized representative

Typed or printed name of signee

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TALLAHASSEE, FLORIDA