

LD8000077799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

MAY 12 2009

EXAMINER



700155599107

05/08/09--01018--001 **25.00

FILED
SECRETARY OF STATE
DIVISION OF REGISTRATION
09 MAY -8 AM 11:04

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKDR 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:

Robert Rogers
Name of Person

75 Vineyards Blvd
Firm/Company
Address

Naples, FL 34119
City/State and Zip Code

Robertrogers@vineyards
E-mail address: (to be used for future annual report notification) naples.com

For further information concerning this matter, please call:

Robert Rogers at (239) 353-1973
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY -8 AM 11:04

SKDR 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 8/13/08 and assigned
Florida document number L08000077799

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**)

387 Capri Blvd
Naples, FL 34113

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

387 Capri Blvd
Naples, FL 34113

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:

Alex Alexander

New Registered Office Address:

387 Capri Blvd,

Enter Florida street address

Naples

Florida

34113

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.

(Signature)
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


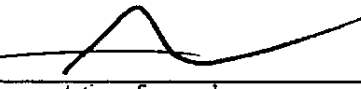
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Alex Alexander	387 Capri Blvd Naples, FL 34113	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Robert Rogers	5164 Seahorse Ave. Naples, FL 34103	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Sarah Rogers	5164 Seahorse Ave. Naples, FL 34103	<input type="checkbox"/> Add <input checked="" 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.)

Dated

5/1/19

Signature of a member or authorized representative of a member

Alex Alexander

Robert Rogers

Typed or printed name of signer