

(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

DEC 14 2009

FYAMINER



300163390193

12/11/09--01011--007 **55.00

109 DEC 11 PM 2: 08

DIVISION OF CORPORATION

COVER LETTER

TO:

TO:	Registration S Division of Co	rporations					
SUBJECT: Tribecca A			sset Services, LLC	(previous name)			
		Name of Limi TRIBECCA	ted Liability Company PROPERTIES, U.C.	(previous name) (new name)			
The en	closed Articles of	Amendment and fec(s) are sub	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
			Lindsey Derence				
			Name of Person				
		TRIBE	CCA PROPERTIES, L	LC			
			Firm/Company				
		5	796 Drummond Way				
	Naples, FL 34119						
	City/State and Zip Code						
			eyDerence@comcast.r				
		·	to be used for future annual report	t notification)			
For fur	ther information of	concerning this matter, please c	all:				
Lindsey Derence			at (239)	248-3183			
Name of Person			Area Code & D	Daytime Telephone Number			
Enclose	ed is a check for t	he following amount:					
□ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	S60.00 Filing Fee, Certificate of Status & Contified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section		STREET/CO Registration S	OURIER ADDRESS:				
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Division of C	Corporations			
			Clifton Build 2661 Executi Tallahassee, l	ve Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tribecca Asset Services, LLC



(Name of the Limited	A Florida Limited I	Liability Company)	ars on our records.)			
The Articles of Organization for this Limited L Florida document numberL09000028		were filed on	March 24, 2009	and assigned		
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company he	ere:			
TRI	BECCA PRO	PERTIES, LLC	,			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	ited Liability Comp	pany," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applic	5796 Drummond Way					
(Principal office address MUST BE A STREET ADDRESS)		Naples, FL 34119				
Enter new mailing address, if applicable:	5796 Drummond Way					
(Mailing address MAY BE A POST OFFICE	Naples, FL 34119					
B. If amending the registered agent and/registered agent and/or the new registered or			our records, enter t	he name of the new		
Name of New Registered Agent:	Lindsey De	Lindsey Derence				
New Registered Office Address:	5796 Drumi	5796 Drummond Way				
		E	nter Florida street ada	ress		
		NAPLES	, Florida	34119		
		City		Zin 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 108, 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 Type of Action Title Address <u>Name</u> Rebecca Kopcie MGRM 5796 Drummond Way ✓ Add Naples, FL 34119 Remove Katherine Schmidt MGRM 3451 7th Ave NW ✓ Add Remove Naples FL 34119 MGRM **Lindsey Derence** 5796 Drummond Way **✓** Add Naples, FL 34119 Remove LaMar Cadwell **MGRM** 7550 Mission Hills Drive, #306 \square Add Naples, FL 34119 Remove ∏Add ☐Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 7, Dated_ Signature of a member or authorized representative of a member **Lindsey Derence** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00