L090000 34945

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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JAN 27 2016 J. HARRIS

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

lity Company as it now appears on our records.)
da Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 18,2009 Florida document number L090000 34945

A. If amending name, enter the new name of the limit		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Tree dis
(Principal office address MUST BE A STREET ADDRI	<u> </u>	G5 62
		77.70
		Sin By Francis
Enter new mailing address, if applicable:	,	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	61. 69
Widning unitess MAT BE ATOST OFFICE BOX)		5 4 G
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter the name of the
Name of New Registered Agent:	4. 451.10	
New Registered Office Address:		
	Enter Florida stree	et 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	BRUND DHAINE	1193 3nd Street SOUTH NAPLES FL 34102	Add
			Remove
			Change
			Add
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		,	Add F
			Remove
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	1/22/1/0
fectir un offe	ve date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
	sin a creeding date on the population of place of records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	90th day after the record is filed.
	1/20/11
ated_	1/22/16
ated_	
ited _	
ated _	Signature of a member or authorized representative of a member
ated ₋	Signature of a member or authorized representative of a member

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