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| (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:

L. SELLERS

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SECRETARY OF SIME

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314.

TO:

| 250 | 04 CR LLC | |
|--|---|---|
| Name of Lim | ited Liability Company | : |
| mendment and fee(s) are sul | bmitted for filing. | : |
| dence concerning this matter | to the following: | • |
| C | RAIG D BLUME ESO | • |
| | Name of Person | _ ; |
| (| CRAIG D BLUME PA | ; |
| | Firm/Company | , |
| 8 | 00 HARBOUR DRIVE | |
| | Address | |
| NA | | · |
| | City/State and Zip Code | 1 |
| E-mail address: (| to be used for future annual report notifica | tion) |
| neerning this matter, please of | eali: | • |
| G D BLUME | at (239) 4 | 17 . 4848 |
| | | elephone Number |
| | | : |
| following amount: | | ì |
| \$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) |
| G ADDRESS: ion Section of Corporations | Registration Section Division of Corporati | |
| | Name of Lim mendment and fee(s) are suldence concerning this matter B-mail address: (accerning this matter, please of the concerning this matter. G D BLUME Certificate of Status G ADDRESS: ion Section | CRAIG D BLUME PA Firm/Company 800 HARBOUR DRIVE Address NAPLES, FLORIDA 34103 City/State and Zip Code E-mail address: (to be used for future annual report notifical accerning this matter, please call: G D BLUME at (239) Area Code & Daytime To additional copy is enclosed) G ADDRESS: G ADDRESS: G ADDRESS: STREET/COURIER Registration Section of Corporations STREET/COURIER |

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 2504 CF | R L'LC |
|--|---|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) |
| The Articles of Organization for this Limited Liability Company Florida document numberL09000052391 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| The new name must be distinguishable and end with the words "Limit "L.L.C." | ed Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| • | |
| Enter new mailing address, if applicable: | 2504 LONGBOAT DRIVE |
| (Mailing address MAY BE A POST OFFICE BOX) | NAPLES, FLORIDA 34104 |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: | |
| New Registered Office Address: | |
| Trott Registered Strice (Redispos | Enter Florida street address Florida |
| | City E Zip€ode |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change. | ete performance of my duties, and am familiar with and rovided for in Chapter 608, F.S. Or, if this document is |

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> Type of Action MGR **TERRY KRANTZ** 2504 LONG BOAT DRIVE _ Add NAPLES FLORIDA 34104 ∇ Remove ☐ Add Remove ☐ Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated · Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00