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**EXAMINER**



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11/04/09--01013--008 \*\*25.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV - 4 PM 1:04

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NAPA PROPERTIES, 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:

AYAL KEREN

**Name of Person**

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**Firm/Company**

3071 TURTLE COVE CT

### Address

NORTH FORT MYERS, FL 33903

City/State and Zip Code

ayalkeren@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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 CORPORATION  
09 NOV -4 PM 1:04

NAPA PROPERTIES, 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 06/29/2009 and assigned Florida document number L09000062542.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**NAPA MANAGEMENT AND HOME IMPROVEMENTS SERVICES LLC**

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)**

14131 METROPOLIS AVE

FORT MYERS, FL 33912

**Enter new mailing address, if applicable:**

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

14131 METROPOLIS AVE

FORT MYERS, FL 33912

**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:**

ROSA PEREIRA

**New Registered Office Address:**

14131 METROPOLIS AVE

*Enter Florida street address*

FORT MYERS, Florida 33912

*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.*

*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	AYAL KEREN	3071 TURTLE COVE CT NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ROSA PEREIRA	3071 TURTLE COVE CT NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ROSA PEREIRA	14131 METROPOLIS AVE FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Add <input 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.)

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Dated November 2nd, 2009

~~Signature of a member or authorized representative of a member~~

Ayal Keren

~~Typed or printed name of signee~~