## L09000108059

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SECRETARY OF STATE
SECRE

C. LEWIS
WAY 13 2019
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations

## Peninsula Point Group 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:

Linda Weiner

Name of Person

Peninsula Point Group LLC

Firm/Company

10285 Boca Circle

Address

Naples, FL 34109

City/State and Zip Code

PeninsulaPoint@gmail.com

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

For further information concerning this matter, please call:

Linda Weiner

,<sup>239</sup> (699-6305

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

13 MAY 10 PM 1:55

Peninsula Point Group LLC

SECHETARY OF STATE TALLAHASSEE, FLORIDA

(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 Liabseller Florida document number L09000108059	ility Company were filed on Novembe	er 9, 2009 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our rec	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	rida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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		FILED		
<u>Title</u>	Name	13 MAY 10 PM 1:55  Address Secaliary of State T	ype of Action	
MGRM	LINDA WEINER LIV. TRUST, LINDA WEINER TTEE	10285 Boca Circle Naples, FL 34109	Add	
			Remove	
MGRM	Linda Weiner	10285 Boca Circle Naples, FL 34109	Add	
			Remove	
***			Add	
			Remove	
			Add	
			Remove	
<u></u>			Add	
			Remove	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	FILED
	FILED  THE NAY 10 PM 1:5
	RECHETARY OF STATE LLAHASSEE, FLORIDA
Dated May 3  Die a Clerica	
Signature of a member or authorized representative of a member  Linda Weiner	
Typed or printed name of signee	
Page 3 of 3	

Filing Fee: \$25.00