LD9000118574

	(Reque	estor's Name)
	(Addre	· · · · ·	210 11
	(Addie	:55)	
	(Addre	ess)	
	(City/S	tate/Zip/Phor	ne #)
PICK-U	IP	MAIT	MAIL
<u>.</u>			
	(Busin	ess Entity Na	me)
·	(Docur	ment Number)
Certified Copies		Certificate	s of Status
Special Instruction	s to Fili	ng Officer:	
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EXAMINER



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COVER LETTER

Division of Cor					
SUBJECT:	3280 F	Rum Row, LLC			
	Name of Lin	sited Liability Company			
	Amendment and fee(s) are sundence concerning this matte				
1 touse tourn an concespe	Modelee concenting this mane	i to the following,			
		Wanda Quillinan			
		Name of Person			
		Pouglas A. Wood, P.A.			
		Firm/Company			
	1100 F	ifth Avenue South, Suite 101			
		Address			
	****	Naples, FL 34102			
	City/State and Zip Code				
	E-mail address: (daq@dougwoodlaw.com to be used for future annual report notifica	tion)		
For further information co	oncerning this matter, please of	catl:			
War	nda Quillinan	at (_239)20	63-7740		
Name of	Person	Area Code & Daytime 1	elephone Number		
Enclosed is a check for the	e 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

328	80 Rum Row, LLC			
(Name of the Limited Linb (A Flori	ility Company as it now appear da Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liabilit Florida document number L09000118574	y Company were filed on	12/14/09	and assigne	ed for
This amendment is submitted to amend the following	; ;			
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> ;		
The new name must be distinguishable and end with the "L.L.C."	words 'Limited Liability Compa	ny," the designation "I	LC" or the abbre	eviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ur records, <u>enter t</u>	he name of th	<u>e new</u>
Name of New Registered Agent:			- 200 - 3	
New Registered Office Address:	Eni	er Florida street add	real E	CPT(CPT)
		, Florida	\$ 4.	i Cranico
	City		Zip Code	
New Registered Agent's Signature, if changing Regist	ered Agent:		3: 29-	<u>.</u>

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 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

Title	Name	Address	Type of Action
MGRM	Strohl Living Trust, Myles L	328 Bow Line Bend Naples, FL 34102	Add ✓ Remove
MGRM	Strohl, Karen	328 Bow Line Bend Naples, FL 34102	Add Remove
MGR	Myles L. Strohl	328 Bow Line Bend Naples, Fl. 34102	Add Remove
<u></u>			Add Remove
<u> </u>			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			- -
	June 30 20	14.4	
Dated	Myl	or authorized representative of a member	
	·	Myles L. Strohl	
	Туред	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00