

L100000010328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

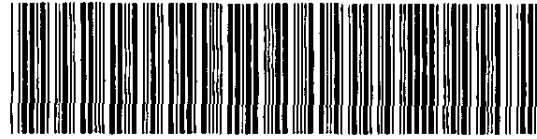
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FEB 26 2013

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FEB 25 2013
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13 FEB 25 PM 1:19

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Anole Property Development, 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:

Bruce J. Pleeter

Name of Person

Anole Property Development, LLC.

Firm/Company

9117 Troon Lakes Dr.

Address

Naples, FL 34109

City/State and Zip Code

anole.pd@gmail.com

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

For further information concerning this matter, please call:

Bruce J. Pleeter

Name of Person

at (**239**) **595-7889**

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**

Anole Property Development, 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 1/28/2010 and assigned Florida document number L10000010323.

This amendment is submitted to amend the following:

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

Tramonto Realty Holdings 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)

9117 Troon Lakes Dr.

Naples, FL 34109

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9117 Troon Lakes Dr.

Naples, FL 34109

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:

Bruce J. Pleeter

New Registered Office Address:

9117 Troon Lakes Dr.

Enter Florida street address

Naples

City

Florida

34109

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

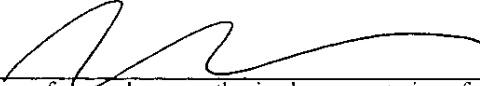
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Bruce J. Pleeter	9117 Troon Lakes Dr.	<input type="checkbox"/> Add
		Naples, FL 34109	<input type="checkbox"/> Remove
MGR	Diana M. Unsinn	9117 Troon Lakes Dr.	<input checked="" type="checkbox"/> Add
		Naples, FL 34109	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated February 21, 2013



Signature of a member or authorized representative of a member

Bruce J. Pleeter, Managing Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

DATE 2.21.13

PAY TO FLORIDA DEPARTMENT OF STATE | \$ 25⁰⁰

THE ORDER OF Twenty-Five and 00/100 DOLLARS



FIFTH THIRD BANK
AMEND ANGLE
MEMO TO TRAMONTO

[Handwritten signature]

⑆067091719⑆ 7433454654⑈ 0002

SPECIALTY INK

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