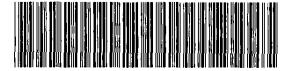
# 10000000328

(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:
FEB 2 6 2013
L. SELLERS

Office Use Only



100245033681

02/25/13--01033--025 \*\*25.00



### **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

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□S55.00 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 Develop				
( <u>Name of the Limited</u> (A	<del>l Liability Compa</del> A Florida Limited L	ny as it now appears or liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number L1000001032	iability Company	were filed on 1/28/2	2010 and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
Tramonto Realty Holdings LLC				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company.	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		9117 Troon Lakes Dr.		
(Principal office address MUST BE A STREET ADDRESS)		Naples, FL 34	109	
Enter new mailing address, if applicable:		9117 Troon La	akes Dr.	
(Mailing address MAY BE A POST OFFICE	BOX)	Naples, FL 34	1109	
B. If amending the registered agent and/ registered agent and/or the new registered o	ffice address her	<u>e</u> :	records, enter the name of the new	
Name of New Registered Agent:	Bruce J. F	leeter	<u> </u>	
New Registered Office Address:	9117 Troon Lakes Dr.			
-		Enter 1	Florida street address 🖔	
	Naples		, Florida 34109	
		City	= Zip Code }	
New Registered Agent's Signature, if changing	Registered Agent:		- 1	
I hereby accept the appointment as registere	ed agent and agr	ee to act in this capa	city. I further agree to comply with	

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u> MGRM	Name Bruce J. Pleeter	Address 9117 Troon Lakes Dr.	Type of Action
	Diuce J. Fleetei		Add
		Naples, FL 34109	Remove
MGR	Diana M. Unsinn	9117 Troon Lakes Dr.	Add
		Naples, FL 34109	Remove
			Kemove
			_
			Add
			Remove
			Add
			Remove
			Kemove
			Add
			Remove
			_
			Remove

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<sub>ed</sub> Fel	oruary 21 2013
	Signature of a member or authorized representative of a member
	Bruce J. Pleeter, Managing Member
	Typed or printed name of signee
	D 0.00

Page 3 of 3

Filing Fee: \$25.00

DATE 2.21.13

PAY TO FLORIDA DEPARTMENT OF STATE \$250
THE ORDER OF THE CONCURRENT DOLLARS A STATE | \$250

FIFTH THIRD BANK

AMEND ANGLE

MEMO TO TRAMONTO

\*\*OF 70917191: 743345465411 0002

