



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000029882 3)))



H200000298823ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : COHEN & GRIGSBY, P.C.  
Account Number : I20030000042  
Phone : (239)390-1912  
Fax Number : (239)390-1901

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JAN 28 PM 12: 04

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Carolyn.pierce@dentons.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NAFU LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2020 JAN 28 AM 10: 12

Electronic Filing Menu

Corporate Filing Menu

Help

COMMONS  
JAN 29 2020

Jan. 28. 2020 9:50AM

COHEN & GRIGSBY

((H20000No. 31163))P. 2

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

NAFU, 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 02/16/2010 and assigned  
Florida document number L10000017891.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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 605, 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

((H2000002988 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JUTTA RUPPERT	1940 CASCADES DRIVE #5	<input type="checkbox"/> Add
		Naples, FL 34112	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FRANK RUPPERT	1940 CASCADES DRIVE #5	<input checked="" type="checkbox"/> Add
		Naples, FL 34112	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 JAN 28 PM 12:04  
RECORDED  
INDEXED  
FILED  
TALLAHASSEE, FL

FILED

No. 6118 P. 4  
(((H20000029882 3)))

SECRETARY OF STATE  
TALLAHASSEE, FL.

SECRETARY OF STATE  
TALLAHASSEE, FL  
2020 JAN 28 PM 12: 04

100

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Carol C. Pene, Authorized Representative  
Signature of a member or authorized representative of a member

Typed or printed name of signee

(( (H20000029882 3)))

**Filing Fee: \$25.00**