

L10000033896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

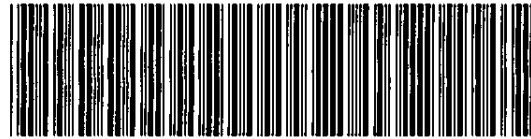
Special Instructions to Filing Officer:

L. SELLERS

OCT 11 2011

EXAMINER

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10/07/11--01013--003 **25.00

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11 OCT - 7 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fort Myers Venture 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:

Divyang Patel

Name of Person

Fort Myers Venture LLC

Firm/Company

4811 South Cleveland Ave

Address

Fort Myers, FL 33907

City/State and Zip Code

div.clarion@gmail.com

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

For further information concerning this matter, please call:

Tarun Patel

Name of Person

at (**239**)

357-1006

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**

Fort Myers Venture 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 05/19/2010 and assigned
Florida document number L10000053896.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4811 South Cleveland Ave

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers, FL 33907

Enter new mailing address, if applicable:

4811 South Cleveland Ave

(Mailing address MAY BE A POST OFFICE BOX)

Fort Myers, FL 33907

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:

Gordon R Duncan

New Registered Office Address:

1601 Jackson Street, Suite 101

Enter Florida street address

Fort Myers

, Florida

33901

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 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.

(Signature)
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:

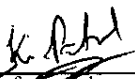
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kiran Patil	18014 Lanai Isle Dr Tampa, FL 33647	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Tarun Patel	12635 S Cleveland Ave Fort Myers, FL 33907	<input type="checkbox"/> Add <input checked="" 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 September 29, 2011


 Signature of a member or authorized representative of a member
Kiran Patil
 Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT - 7 PM 1:57

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