## L10000055885

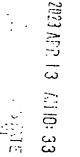
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	FOWLER, LLC		
ouseer.	Name of Lim	ited Liability Company	
The smalescal Amiolos of	Amandanian and factor and action	missed for filling	
The enclosed Afficies of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOHN B. GALLAGHER		
	**************************************	Name of Person	<del></del>
	JOHN B. GALLAGHER,	PA	
		Firm/Company	
	3618 FOWLER STREET,	SUITE D	
	<del></del>	Address	
	FORT MYERS, FLORIDA	X 33901	
		City/State and Zip Code	202
	GAL2701@AOL.COM		
	E-mail address: (	to be used for future annual report notifica	2023 APR 13
For further information of	concerning this matter, please ca	all:	ω
JOHN B. GALLAGHEF	₹	954 854-3484 at ()	elephone Number! 3
Name e	of Person	Area Code Daytime T	Telephone Number! $\omega$
Enclosed is a check for t	he 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 Addres Registration 5		<u>Street Address:</u> Registration Secti	on.
Division of C		Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARES ON FOWLER, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L10000055885	were filed on MAY 24, 2010	;	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or the	abbrevia	.>_3	C."
(Principal office address MUST BE A STREET ADDRESS)			દ્ધા	
				4 -
		-	$\overline{\omega}$	- ;
Enter new mailing address, if applicable:	3618 FOWLER STREET			٠.
(Mailing address MAY BE A POST OFFICE BOX)	SUITE D	- 4 - 977,		"
	FORT LUIDO EL ORID L. 2000 L.	1	ယ	
	FORT MYERS, FLORIDA 33901	171	ယ	

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:

	City.	Zip Code
	FORT MYERS	, Florida 33901
New Registered Office Address:	3618 FOWLER STREET, SUIT  Enter Fl	E D orida street address
Name of New Registered Agent:		
Name of New Registered Agent:	JOHN B. GALLAGHER	

## 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

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>	Type of Action
MGRM	JBRA, LLC	3650 FOWLER ST, FORT MYERS, FL 33901	□ Add
			≣Remove
			□Change
MGRM	CONGRAREE, LLC	3650 FOWLER ST, FORT MYERS, FL 33901	□Add
			<b>=</b> Remove
			□Change
MGR	JOHN BLANKE	3618 FOWLER ST., FORT MYERS, FL 33901	<b>=</b> Add
		<del></del>	□Remove
			□Change
MGR	RICARDO ARENAS	3618 FOWLER ST., FORT MYERS, FL 33901	□Add
			□Remove
		<del></del>	Change
		<u></u>	Remove 3
		f <sup>2</sup> 5	်း ယ □Change
			□Add
			□Remove
			□ Change

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