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## **COVER LETTER**

**Division of Corporations** TESTAMENT REALTY PARTNERS, LLC SUBJECT: 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: Geoffrey Stilwell Name of Person Testament Realty Partners, LLC Firm/Company 57 Timberland Cir S Address Fort Myers FL 33919 City/State and Zip Code gsfortmyers@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Geoffrey Stilwell 896-5225 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

> MAILING ADDRESS: Registration Section Division of Corporations

TO:

Registration Section

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

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lity Company as it now appears on our records da Limited Liability Company)	<u>a</u> )
Company were filed on	and assigned
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mited Liability Company." the designation "LLC"	or the abbreviation "L.I.,C."
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Enter Florida etrant address	
, Flo	rida Zip Code
	It Company as it now appears on our records de Limited Liability Company)  Company were filed on   Ob/O3/2010  Inited liability company here:  Inited Liability Company." the designation "LLC"  ORESS)  Enter Florida street address  Enter Florida street address  Flo

## 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>	Name	<u>Address</u>	Type of Action
MGRM	SPINUZZA, FRANK	927 NE 33RD TERRACE	
		CAPE CORAL FL 33909	Add
		CALL CORAL PL 33707	■ Remove
			Change
N.C.D.	STILWELL, GEOFFREY	57 TIMBERLAND CIR S	Change
MGR STILWELL		- Third BREARD CIR'S	Add
		FORT MYERS FL 33919	
			Remove
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E. Effective date, if other than	the date of filing:	(optional)
Note: If the date inserted in t	te must be specific and cannot be prior to date of filing or this block does not meet the applicable statutory fili	
document's effective date on	the Department of State's records.	
If the record specifies a del (b) The 90th day after the	ayed effective date, but not an effective record is filed.	time, at 12:01 a.m. on the earlier
Dated 11/5	2018	
Dated 11/5	. 2018	
Dated 11/5	2018  Signature of a member or authorized representative	e of a member

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Filing Fee: \$25.00