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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.

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PLLC

To:	Division of C	or;	50	prations	
	Fax Number		:	(850)617-6383	
From:					
	Account Name		:	SALVATORI LAW OFFICE	,
	Account Numbe	r :	:	120170000055	
	Phone		:	(239)308-9191	

Fax Number : (239)552-4185

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

Email Address: LJS@SALVATORILEGAL



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2023-10-12 18:01:24 GMT

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(((H23000358203-3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(Name of the Limited Liability Comp	any as it now appears to our records.) Liability Company)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>12/21/2010</u>	and assigned
Florida document number L10000130093		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ihts Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	Leo J. Salvatori			23 OC	
New Registered Office Address:	5150 Temiami Trail N, Suite 304			112	
		Enter Florido street address		P	
	Naples	, Florid	a <u>34103't +</u>		ć
		Cate	Zip Co	ode ** W	
New Registered Agent's Signature, if changing	Registered Agent:		• •	చ	

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 Registereil Agent, Signature of New Registered Agent

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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

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AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	TCL Realty, Inc.	5150 Tamiami Trail N, Suite 301	🗋 Add
		Naples, FL 34103	
			Change
MGR	James Clounar.	5150 Tamiami Trail N, Suite 301	🖻 Add
		Naples, FL 34103	C] Remove
			[] C thange
			□,\dd
			CRemove
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			🗍 Acd
			CRemove
			illChange
			🖸 Add
			🗌 Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: ________(optional) (If an effective date is listed, the date must be specific and carnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

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	Signature of a member	or authorized represent	ative of a member	
es Cloonan				
	nes Cloonan	tes Cloonan	-	