## L11000026772

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ALL AHASSEF, FLORIDA

B. BOSTICK

APR 26 2011

EXAMINER

## **COVER LETTER**

	gistration Section vision of Corporations			
SUBJEC	549 PECK LLC			
	Name of Limited Liability Company			
The enclo	d Articles of Amendment and fee(s) are submitted for filing.			
Please ret	n all correspondence concerning this matter to the following:			ι
	CRAIG D. BLUME			
	Name of Person			
	CRAIG D. BLUME P.A.			
	Firm/Company			
	800 HARBOUR DR.	=		
	Address	ALC:		
NAPLES, FL 34103		AHAS	APR 25	#107331
	City/State and Zip Code	SS -	S	PATTER [Linux
	NAPLESLAWOFFICE@EARTHLINK.NET  E-mail address: (to be used for future annual report notification)	ine E	PH	
For further	STATE LORIDA	2:26	أبييما	
	CRAIG D. BLUMEat (_239_) 417-4848			
	Name of Person Area Code & Daytime Telephone Number			
Enclosed i	check for the following amount:			
<b>₹</b> 25.00	ling Fee \$\ \$30.00 Filing Fee &	of Statu Copy		sed)

MAILING ADDRESS:

TO:

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

549 Pe					
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company	y were filed on	03/03/2011	and assi	igned	
Florida document numberL11000026772					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :			
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Comp	any," the designation "LL	C" or the a	bbreviation	
Enter new principal offices address, if applicable:	er new principal offices address, if applicable: 4308 Longshore Way South				
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34119				
Enter new mailing address, if applicable:	4308 Longsh	ore Way South			
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 3	4119			
B. If amending the registered agent and/or registered of		our records, enter the			
registered agent and/or the new registered office address her	<u>'e</u> :	A S S F F	R 25	E-MERCON E-MERCON E-MERCON E-MERCON	
Name of New Registered Agent:			<u>⊊ ₽</u>	111	
New Registered Office Address:	En	ही ster Florida street addre	2: 25 SIA E		
	13/1	. Florida			
<del></del>	City	, rioriua	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.

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>	Address	Type of Action
MGR	Peterson Properties Holding	440 Cottage Court Marco Island, FL 34145	☐ Add ☑ Remove
MGR	Lucia Foiani	4308 Longshore Way South Naples, FL 34119	✓ Add ☐ Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
	, <del> </del>		Add Remove
			Add Remove
D. If ame	ending any other information, enter cha	nge(s) here: (Attach additional sheets, if ned	cessary.)
ا	Please Remove Peterson Properti	es Holdings, LLC as MGR and Add L	_ucia
1	Foiani as MGR. Additionally pleas	e change the principle office address	and
<u>1</u>	mailing address to 4308 Longshor	e Way South, Naples, FL 34119.	unug
- Dated <b>/</b> .	Jacil 15/2011.		TALLIAHASSEE
	Signature of a mem	ber or authorized representative of a member	PH 2:126 by STATE E. FLORIDA
	PETER Tak	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00