Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H110002608323)))



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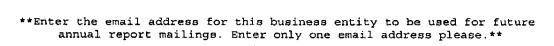
Account Name : PHOENIX LAW PLLC

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IL CIELO LLC

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Corporate Filing Menu

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TO:

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CO	VER	LET	TER

TO: Registration Division of	n Section Corporations			
SUBJECT:	IL (CIELO LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	spondence concerning this matte	r to the following:		
	Cł	narles PT Phoenix, Esq.		PS =
		Name of Person		超电二
		Phoenix Law PLLC		N-1 M S: 30 HASSEE: FLORID
		Firm/Company		四年至
	12800	University Drive, Suite 260)	FI STA
		Address		意品を
		Fort Myers, FL 33907		<u> </u>
		City/State and Zip Code		
	E-mail address:	cptp@phxpa.com to be used for future annual report notif	(cation)	
For further informatio	n concerning this matter, please	•	ication	
	Debbie Miller	at (239) Area Code & Daytim	461-0101	
Nam	e of Person	Area Code & Daytim	e Telephone Number	
Enclosed is a check fo	or the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certified (of Status &
	ILING ADDRESS:	STREET/COURI Registration Sectio		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

11/01/2011 08:50

#935 P.003/004

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IL CIELO LLC	SST _ T
(Name of the Limited) (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia	ability Company were filed onAPF	RIL 21, 2011 and signed
Florida document number L110000476	632	S. C.
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		ecords, <u>enter the name of the ne</u> w
Name of New Registered Agent:		
New Registered Office Address:	Fular FI	orida street address
	Estics Pt	or was on the allar was
•	City	, Florida 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

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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

Title	<u>Name</u>	Address	Type of Action
MGR	CHARLES PT PHOE	ENIX 12800 University Drive Suite 260 Fort Myers, FL 33907	☐ Add ☑ Remove
MGR	PAUL J. CLEMENTI	2400 East Main Street Sulte 103-196 St. Charles, IL 60174	✓ Add ☐ Remove
			Remove
			A Regiove
			OF SANGE
			—————————————————————————————————————
I) If amen	ding any other information	enter change(s) here: (Attach additional sheets,	Remove
47944		onange(s) never production and cost	, mees
			
Dated	1 November	. 2011	
	Signature	of a member or authorized representative of a memb	er
	_ 'B'''''	Charles PT Phoenix	••
		Typed or printed name of signee	

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Filing Fee: \$25.00