

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.

(((H150001305673)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FILINGS, INC. Account Number: 072720000101 Phone : (850) 385-6735

Fax Number

: (954)641-4192

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NAPLES REALTY INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 0 2 2215 LBRUCE H15000130567

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAPLES REALTY INTERNATIONAL LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on MAY 13, 2014 and assigned Florida document number Li 1000056672 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The now name must be distinguishable and contain the words "Limited Linbility Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amonding the registered agent and/or registered office address on our records, enter the name registered agont and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

New Registered Agent's Signature, if changing Registered Agenti

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.

17 Changing Registered Agent, Signature of New Registered Agent

Ztp Code

Page 1 of 3

4/5000/30567

H 15000130567

If amonding 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

Title	Name	Address	Type of Action
AMBR	DENNIS J. MCLAUGHLIN	877 91ST AVENUE NO, STE 2	
•		NAPLBS, FL 34108	■ Remove
			□ Change
			D Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
		· · ·	Ade 1
·			Change ()
			□ Remove
		i.	LJ Change
			☐ Remove
			☐ Change

D. If umending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Private to 605/0007 (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. Dated MAY 29 2015 Signature of a member or authorized representative of a member JASOX KING Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00

#15000130567

H15000130567