111000074329

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600318392716

89/17/18--61027--812 **25.06

COVER LETTER

Division of Corp				
	228 WILLOW, L	LC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of 7	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Ivo Travnicek		
		Name of Person Ivo Travnicek, PA		
		Firm/Company	<u></u>	
		330 S Pineapple Ave;	S-110	
		Address		
		Sarasota, Florida 234	1236	
	itravı	City/State and Zip Code nicek@sarasotabizlaw.co	m	
	E-mail address: (to be used for future annual	report notificat	ion)
For further information co	oncerning this matter, please ca	all:		
Ivo Travnicek		941 at ()	366-11	95
Name of	Person	Area Code	Daytime Te	lephone Number
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy tadditional copy is end		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	NG ADDRESS:		T/COURIER tion Section	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

228	WILLOW, LLC		
ed Liability Compa (A Florida Limited L	ny as it now appears hability Company)	on our records.)	
		06/27/2011	and assigned
owing:			
the limited liabi	ility company her	<u>'e</u> :	
ords "Limited Liabil	ity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
able:	330 S. Pineapp	ole Ave;	
	S-110		
	Sarasota, Flori	da 34236	
Inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		ole Ave:	<u>:</u>
		da 34236	
lvo Travnicek	c. PA pple Ave; S-110		the name of the
Saraenta	Enter Flori	,	34236
	Circ	Florida`	Zip Code
	ed Liability Compa (A Florida Limited I ability Company owing: the limited liabil able: T ADDRESS) or registered of lice address here Ivo Travnices	ability Company as it now appears (A Florida Limited Liability Company) ability Company were filed on owing: The limited liability company her ords "Limited Liability Company," the detable: 330 S. Pineappe S-110 Sarasota, Florid Saraso	ability Company were filed on

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ivo Travnicek	330 S. Pineapple Ave; S-110 Sarasota, FL 34236	□ Add
			☐ Remove
	VALETA CUAMA	4404 0741 0475 1075 57	☐ Change
MGR	KALETA, SHAWN	1401 8TH AVE WEST BRADENTON, FL 34205	Add
			≘ Remove
			Change
			🗆 Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ (hange
			Add
			Remove
			Change
			□ Add
			Remove

	· · · · · · · · · · · · · · · · · · ·
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	3/11 2018
	Signature of a member or authorized representative of a member
	Ivo Travnicek
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00