4110000874

(R	Requestor's Name)
(A	Address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(8	Business Entity Name)
(D	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	to Filing Officer

A. LUNT

SEP 12 2012

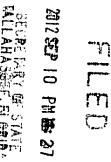
EXAMINER

Office Use Only



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COVER LETTER

TO:	Registration S Division of Co				
SUBJECT:		508 (COURT LLC		
		Name of Limi	ited Liability Company		
The en	iclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	condence concerning this matter	to the following:		
			Craig D. Blume	<u> </u>	
			Name of Person		2012 SEP
			Firm/Company		
			800 Harbour Dr.		- 1 1 T
			Address		PH B 27
		N	laples, Florida 34103		
			City/State and Zip Code		
		E-mail address: (i	eslawoffice@gmail.com to be used for future annual report notifica	tion)	
For fu	ther information	concerning this matter, please o	eall:		
		raig D Blume		17-4848	
	Name	of Person	Area Code & Daytime T	elephone Number	
Enclos	ed is a check for	the following amount:			
▼ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Co (additional of	of Status &
		LING ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	508 COURT LLC			
(Name of the Limited (A	Liability Company as it now apper Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Li		07/29/2011	and assigne	zd
Florida document numberL11000087	<u>'498</u> .			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability company he	e <u>re</u> :		
The second of th	1.4	3.1		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Comp	pany," the designation "I	_	viation
Entar navy naivainal offices address if annie	abla.		2317 3417	
Enter new principal offices address, if applications and the second seco		·		-
(Principal office address MUST BE A STREE	T ADDRESS)		3th- 12.11	full in
			0	'n
			SK SK	in in
Enter new mailing address, if applicable:				ار بر الم
Mailing address MAY BE A POST OFFICE	<u></u>		記し	

	"			
B. If amending the registered agent and/o	or registered office address on	our records, enter t	he name of th	<u>e new</u>
registered agent and/or the new registered of	uce address here:			
Name of New Registered Agent:	-			—
New Registered Office Address:				
	E	nter Florida street add	ress	
		, Florida		
	City		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>	Name	Address	Type of Action
MGR	Peterson Properties Holdin	440 Cottage Court Marco Island, Florida 34145	Add Remove
MGR	Lucia lannanadrea Foiani	4308 Longshore Way South Naples, Florida 34119	✓ Add ☐ Remove
			Add Remove
			Add Remove
			A Remove
			Add Remove
-		ge(s) here: (Attach additional sheets, if nec is Holdings LLC as manager and Ad	
-	iamandrea i Olam as manager. Tri	ank you.	
- Dated		•	
	Juia Jana Signature of a memb	er or authorized representative of a member	
	LUCIA IANI Type		·

Page 2 of 2

Filing Fee: \$25.00