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2023 AUG 18 AM 10: 48 SECRETARY OF STATE

COVER LETTER

	on Section f Corporations				
The N	Japles Breeze, LLC				
30BJEC1	Name of Lim	ited Liability Company			
The enclosed Articl	es of Amendment and fee(s) are sub	mitted for filing.			
Please return all cor	rrespondence concerning this matter	to the following:			
	BJ Cottrell				
	 	Name of Person			
	Cottrell Tax & Accounting	g, LLC			
		Firm/Company			
	5633 Naples Blvd				
		Address			
	Naples, FL 34109				
		City/State and Zip Code			
	admin@cottrelltax.com				
	E-mail address: (to be used for future annual report notifi	cation)		.:
For further informa	tion concerning this matter, please co	all:	3	2023 SEC	
BJ Cottrell		239 449-4881 at ()		2023 AUG 18 SECRETARY	CENTRAL S
N	ame of Person	Area Code Daytime	Telephone Number	n ->	
Enclosed is a check	for the following amount:				Name of Street
■ \$25.00 Filing F	ee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy in	Status &	

MAILING ADDRESS: 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

The Naples Breeze, LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L12000004400</u>	npany were filed on January 10th, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	- 8
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or addres	red office address on our records, <u>ente</u>	TALLAHASSEE FL the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zip Code
	City	- ip cross

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Monica Frengel Walsh	1895 Les Chateaux Blvd #104 Naples, FL 34109	
			■ Remove
			Change
MGR	Monica Frengel	613 11th Ave S Naples, FL 34102	Add
			□ Remove
			Change
			□ Add
			SECRE D Hange
			ARY OF STATE
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			□ Remove
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occurrence of the Department of State of						
e record specifies a delayed effective date, l The 90th day after the record is filed.	but not an e	ffective time,	at 12:01 a	.m. on t	he ear	lier of
Pated August 11th . 202						
		presentative of a n				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00