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COVER LETTER

	COVER LETTER #	
	stration Section ion of Corporations	3
SUBJECT:	Naples History, LLC	
•	Name of Limited Liability Company	
The enclosed	Articles of Amendment and fee(s) are submitted for filing.	
Please return a	Ill correspondence concerning this matter to the following:	
	Cynthia Carlson	
	Name of Person	
	Akerman Senterfitt	
	Firm/Company	
	9128 Strada PI, Ste 205	
	Address	
	Naples, FL 34108	
	City/State and Zip Code	
	cynthia.carlson@akerman.com E-mail address: (to be used for future annual report notification)	
For further inf	ormation concerning this matter, please call:	
	Cynthia Carlson at (239) 449-5563	
	Cynthia Carlson at (239) 449-5563 Name of Person Area Code & Daytime Telephone Number	-
Enclosed is a	heck for the following amount:	
\$25.00 Fili	rig Fee \$\int_{\\$30.00\}\$ Filing Fee & \$\int_{\\$55.00\}\$ Filing Fee & \$\int_{\\$60.00\}\$ Filin	tatus &

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



Akerman Senterfitt 9128 Strada Place Suite 10205 Naples, FL 34108 Tel: 239.449.5600 Fax: 239.449.5658

Dir: 239.449.5563 Dir Fax: 866.223.3046 cynthia.carlson@akerman.com

February 21, 2012

VIA FEDEX OVERNIGHT DELIVERY

Ms. Thelma Lewis
Amendment Section, Division of Corporations
Clifton Building
2661 Executive Center Cir
Tallahassee, FL 32301

Re: Name Changes

Dear Ms. Lewis:

Thank you for speaking with me about the enclosed name changes. Please process them in the order indicated on the yellow sticky. I believe by doing it that way, we will end up with a non-profit organization named Naples Backyard History, Inc. and an LLC named Naples Historians, LLC. Please feel free to call me if you have any questions.

Sincerely,

Cynthia Carlson

Enclosures

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 FEB 22 PH 12: 54

PARTS TO YEAR BASE.

	Naples History, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Li	ability Company were filed on	2/9/2012	and assigned
Florida document numberL12000019	9567		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :	
	Naples Historians, LLC		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
Maning dadress MAT DE AT OST OFFICE	<u></u>		
	-		
B. If amending the registered agent and/o		our records, enter	the name of the new
registered agent and/or the new registered of	fice address here:		
Name of Name Basines and Assess			
Name of New Registered Agent:			<u>.</u>
New Registered Office Address:		ter Florida street ada	Iress
	Lite		
	Cin	, Florida	Zin Coda

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 = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
***************************************			Add Remove
			Add Remove
			Add Remove
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			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			_
			_ _
Dated	Feb 21, 20	212.	
	Centhre	Carlson	
	_	r or authorized representative of a member a Carlson	
	CynTh/ Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00