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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(D	Occument Number)	
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SECRETARY OF STATE
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Division of Co	rporations					
LEE COU	NTY INVESTMENTS, LLC					
SUBJECT.	Name of Lin	nited Liability Company		_		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Manuel Gonzalez Jr					
		Name of Person				
		Firm/Company				
	18011 S Tamiami Trl, Ste	16-99F			-	
	Fort Myers FL 33908	Address		ALAIV MILAIV	43S 44	TILE
	mannyoeders@cs.com	City/State and Zip Code				
For further information		to be used for future annual reall:	spert nordicaron)	STATE FLORID	PN 박 00	Ü
Manuel Gonzalez Jr		239 707- at ()	-7967	<u> ت</u> نت	,	
Name	of Person	Area Code	Daytimo Telephone Num	ber		
Enclosed is a check for t	the following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy additional copy is enclosed.	Certifi sed) Certifi	Filing Fee Icate of Sta Icd Copy and copy is e	atus &	

MAILING ADDRESS:

Å

TO:

Registration Section

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEE COUNTY INVESTMENTS, LLC				
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our r nited Liability Company)	ecords.)		
he Articles of Organization for this Limited Liability Com	pany were filed on 02-16-2012	and assigned		
orida document number L12000023078				
nis amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited	liability company here:			
te new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:				
rincipal office address MUST BE A STREET ADDRES	<u>'S)</u>			
		इंद्र क		
		智 8 7		
nter new mailing address, if applicable:		18年 78 日		
Aailing address MAY BE A POST OFFICE BOX)				
		2		
. If amending the registered agent and/or registere gistered agent and/or the new registered office address				
Name of New Registered Agent:				
New Registered Office Address:		·····		
	Enter Florida street address			
	City	_, FloridaZin Code		
	Cuy	гір Соае		

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>	Name	Address	Type of Action
MGR	MANUEL GONZALEZ	18011 S TAMIAMI TRL	
		STE 16-99f	□ Remove
		FORT MYERS FL 33908	□ Change
			□ Add
			☐ Remove
		10-000000000000000000000000000000000000	Change
	- The Control of the		□ Add
			SECRETARIOS PA
			Add Remove
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Effective d	ate, if other t	han the date	of filing	g:					ptional)		<u> </u>
f an effective	e date is listed, the e date inserted i	e date must be sp	pecific and	l cannot be	prior to da	te of filing o	or more tha				
	effective date					,	0 1				F: 00
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	specifies a d h day after t			late, bu	t not an	effectiv	e time,	at 12:0	1 a.m.	on the	earlier
SEP	TEMBER 16TI	Н		2015	·						
	M	2									
	10111										
-	- Joseph	Signa	ature of a r	nember or	authorized	representa	tive of a m	ember			

Page 3 of 3

Filing Fee: \$25.00