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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
871102 Ta SUBJECT:	nbark LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	amittad for filing	
	ondence concerning this matter	-	
	Susie Kim		
		Name of Person	
		Firm/Company	
	123 Center St.	Address	
	Naples, Fl 34108	Address	
	·	City/State and Zip Code	
	soocy1234@aol.com E-mail address: (	to be used for future annual report not	ification)
	oncerning this matter, please c	all:	
Susic Kim		239 2500995 at ( )	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address:	otion
Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	F1. 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

871102 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/16/2012 and assigned Florida document number L12000037333 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Wilderness216 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

, Florida \_

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
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an effective date is listed, the date must	be specific and ca	unnot be prior to	date of filing or	more than 90 day	s after filing ) Po	rsuant to	605.020
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record specifies a delayed effective is filed.  August 23	Signature of a me			c of a member			