# V-12000050076

(Re	questor's Name)	
. <b>(</b> Ad	dress)	
	dress)	
(Cit	ry/State/Zip/Phone	:#)
PICK-UP	☐ WAIT	MĄIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
Special instructions to	Tilling Officer.	

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TALLAHASSEE, FLORI

B. BOSTICK
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SHR IFCT:

SOMAR 2221, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBA B. SANDOVAL

Name of Person

SOMAR 2221, LLC

Firm/Company

1939 45TH STREET SW

Address

NAPLES, FL 34116

City/State and Zip Code

CPAYERO@EARTHLINK.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBA B. SANDOVAL

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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

SOMAR 2221, LLC (Name of the Limited) (A	Liability Company Florida Limited Lia	as it now appears on our re bility Company)	cords.)
The Articles of Organization for this Limited Lia Florida document number L12000050076	ability Company w	vere filed on 04/12/2012	2 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabili	ity company here:	×
The new name must be distinguishable and end with "L.L.C."	1 the words "Limite	d Liability Company," the des	
Enter new principal offices address, if applica	ıble:		JAN B
(Principal office address MUST BE A STREE)	T ADDRESS)		
Enter new mailing address, if applicable:			H 3: 02
(Mailing address MAY BE A POST OFFICE B	PAV)	<u> </u>	-
William address MAT BE ATOST OFFICE E	<u>30A)</u>		
B. If amending the registered agent and/o registered agent and/or the new registered off	iice address here:		
Name of New Registered Agent:	ALBA BOL	ENE R. SANDOVAL	
New Registered Office Address:	1939 45TH	STREET SW	
			street address
	NAPLES	F	<sub>lorida</sub> 34116

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	ANA C. PAYERO	1939 45TH ST. S.W.	Add
		NAPLES, FL 34116	Remove
		· .	
MGRM	JAMES W. RAMOS	1939 45TH ST. S.W.	Add
		NAPLES, FL 34116	Remove
MGRM	ALBA BOLENE R. SANDOVAL	1939 45TH ST. S.W.	Add
		NAPLES, FL 34116	Remove
		~	Add
			13 JAN
	***		SSET
			Remove OR
			Add
		·	Remove

amending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)
IANIIIADV 15	2012
JANUARY 15,	, <u>2013</u>
	MU
Signature of	a member or authorized representative of a member
JAMES W. RAMOS	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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