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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER 4

TO: Registration Section Division of Corporations		,			
SUBJECT: Construc	tion Asset Management of Na	aples, LLC			
	Name of Limited Liability Company				
		·			
The enclosed Articles of Amendment	and fee(s) are submitted for filing.				
Please return all correspondence cond	erning this matter to the following:				
	Lyn Ciaffone				
	Name of Person				
	Tax & Financial Strategists, LLC				
	Firm/Company				
28089 Vanderbilt Dr., Suite 201					
	Address				
	Bonita Springs, FL 341	34			
City/State and Zip Code					
lyn@wondertax.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning the	ns matter, please can.				
Lyn Ciaffor		405-8395			
Name of Person	Area Code	& Daytime Telephone Number			
Enclosed is a check for the following	<u></u>	-10 00 00 FW - F			
	Filing Fee & S55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &			
	(additional copy is	enclosed) Certified Copy (additional copy is enclosed)			
MAILING ADDF Registration Section		/COURIER ADDRESS: on Section			
Division of Corpor	rations Division of	of Corporations			
P.O. Box 6327					
Division of Corpor	rations Division of Clifton Bo	of Corporations			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Construction Asset Mana	gement of Naples, LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL12000055182	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2001 Seward Ave., Unit 12
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34109
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2001 Seward Ave., Unit 12 Naples, FL 34109
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	
	SA _ SA
New Registered Office Address:	Enter Florida street address
	Florida
	City Come
New Registered Agent's Signature, if changing Registered Agent:	Ď

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 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 = Ma MGRM = N	nager Aanaging Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u></u>		Add Remove
			Add Remove
			- D
	- 		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other informatio	on, enter change(s) here: (Attach additional sheets, if necessar	(va)
Dated	June 1	. 2012	
	Signa	ture of a member or authorized representative of a member	
		Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00