

L12000082100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

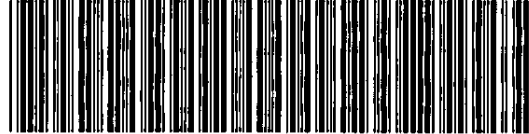
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FL 32304

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2016

AUG 29 2016
J. HARRIS

HINSHAW

& CULBERTSON LLP

ATTORNEYS AT LAW

322 Indianapolis Boulevard

Suite 201

Schererville, IN 46375

219-864-5051

219-864-5052 (fax)

www.hinshawlaw.com

August 18, 2016

Florida Department of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: 6794 Pelican Bay, LLC

Dear Sir/Madam:

Enclosed please find two (2) originally executed Articles of Amendment to Articles of Organization of 6794 Pelican Bay, LLC.

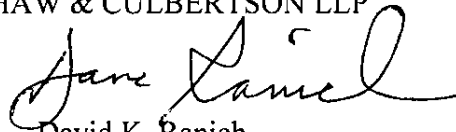
Please file the enclosed Articles **RETURN THE CERTIFIED COPY TO THE UNDERSIGNED AT 322 INDIANAPOLIS BLVD., SUITE 201, SCHERERVILLE, INDIANA 46375.**

I am also enclosing a check in the amount of Fifty-Five Dollars (\$55.00) to cover the filing fee.

Thanking you for your time and cooperation in this matter, I am

Very truly yours,

HINSHAW & CULBERTSON LLP



David K. Ranich

dranich@hinshawlaw.com

DKR:wh
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 6794 PELICAN BAY, 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:

DAVID K. RANICH

Name of Person

HINSHAW & CULBERTSON LLP

Firm/Company

ONE EAST BROWARD BOULEVARD SUITE 1010

Address

FT. LAUDERDALE, FLORIDA 33301

City/State and Zip Code

dranich@hinshawlaw.com

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

For further information concerning this matter, please call:

DAVID K. RANICH

219 864-4532
at ()

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**

6794 PELICAN BAY, 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 June 20, 2012 and assigned
Florida document number L12000082100.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6794 Pelican Bay Boulevard

Naples, Florida 34108

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6794 Pelican Bay Boulevard

Naples, Florida 34108

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

_____, Florida _____
City Zip Code

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KELLY LICHTER	8369 Rimini Way	<input type="checkbox"/> Add
		Naples, Florida 34114	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CAROL E. MASON	941 Alderbrooke Court	<input type="checkbox"/> Add
		Crown Point, Indiana 46307	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change


SECRETARY OF STATE
ALL INFORMATION CONTAINED
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DATE 10/16/01 BY 1045
16 APR 26 PM 1:34

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

_____, _____


 Signature of a member or authorized representative of a member

 DAVID K. RANICH

 Typed or printed name of signee

13 AUG 26 PM 1:34
SEC. CLERK OF STATE
TALLAHASSEE, FLORIDA