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SECRETARY OF STATE

J. SAULSBERRY EXAMINER DEC 27 2012

COVER LETTER

TO:

Registration Section Division of Corporations

NAPLES FLAT FEE REALTY, 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:

Dwyn C. Dion

Name of Person

Naples Flat Fee Realty, LLC

Firm/Company

539 5th Ave S

Address

Naples, FL 34102

City/State and Zip Code

dwyndion@earthlink.net

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

For further information concerning this matter, please call:

Dwyn C. Dion

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

	FEE REALTY, LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our rected Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Comp	pany were filed on October 17,	2012	and ass	igned
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 end with the words "L.L.C."	Limited Liability Company," the desi	gnation "LLC	" or the a	bbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u>\$</u>	2812	<u>.</u>
		<u> </u>	2 DEC	' H
Enter new mailing address, if applicable:	·	TARY ASSE	c 20	
(Mailing address MAY BE A POST OFFICE BOX)		0F 3T	AH 8:	
		OR DA		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		s, <u>enter the</u>	name o	f the nev
Name of New Registered Agent:		.		
New Registered Office Address:	Enter Florida	etreet addres		
•			3	
	, FI	lorida	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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ruth M Graham	2600 Gulf Shore Blvd N., #	31 Add
	·	Naples, FL 34103	✓ Remove
MGR	Raymond J Bowie	900 Sixth Ave S, Suite 10	04 🔽 Add
		Naples, FL 34102	Remove
			Add
		·	Remove
, ————————————————————————————————————		ALL ARASSEE, FLORIDA	28/20 Add Remove
			Add
			Remove

If amending any other information, en	iter change(s) he	ere: (Attach additional sheets, if necessary.)
December 18	2012	
		- - -
Signature o	f a member or auth	horized representative of a member
Raymond J. Bowie		

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00