# 1800132932

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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## COVER.LETTER

•	A STATE OF THE STA	00,21,221121	ş
TO: Registration Se	ction	•	
Division of Cor	porations '	4	
SUBJECT: Tex	ndsetter Clor Name of Lim	thing Company ited Liability Company	LLC_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jose A	Imanzas Name of Person	
	Strangers	of the Night	- LLC
	130 29	ith St SW	
		Address	,
	Naples	FL 34117 City/State and Zip Code	2 2
		to be used for future annual report not	
For further information c	oncerning this matter, please ca	all:	, <sup>31</sup> (d)
Use Alma		at ( <u>239</u> ) <u>285</u> Area Code Daytin	-1514
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	☐ \$60.00 Filing Fee, Certificate of Status &

### MAILING ADDRESS:

Registration Section **Division of Corporations** P O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. \*

Trendsetter Clos	thing Campany LLC d Liability Company as it now appears on our records.)
(Name of the Limite	A Florida Limited Liability Company)
The Articles of Organization for this Limited Li	ability Company were filed on 10/18/2012 and assigned 32932
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
Strangers of the M	ords "Eimited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	
(Principal office address MUST BE A STREE	[ADDRESS]
	75 F
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE I	
B. If amending the registered agent and/o	or registered office address on our records, enter the name of the new
registered agent and/or the new registered of	<u>nce address here</u> :
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 Type of Action **Title** <u>Name</u> **Address** MGR Johnathan Torres 141 1st St SW Naples FL 34117 Add ☐ Remove ☐ Change ☐ Add \_ Remove Change  $\alpha$ - □ Rêmove \_□ Change ☐ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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record specifies he 90th day aft			ut not an eff	ective time, a	t 12:01 a.r	m, on the earli	er
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Filing Fee: \$25.00