

L12000152247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

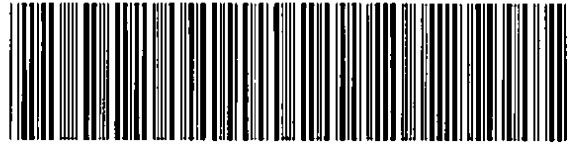
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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FILED  
2019 MAR 20 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ULS  
3-21-19

10:00:00 PM 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 691960 7103152  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : March 20, 2019  
ORDER TIME : 1:20 PM  
ORDER NO. : 691960-015  
CUSTOMER NO: 7103152

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DOMESTIC AMENDMENT FILING

NAME: 2575 NORTHBROOKE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: \_\_\_\_\_

**TO  
ARTICLES OF ORGANIZATION  
OF**

2575 Northhawk, 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 December 5, 2012 and assigned  
Florida document number 112000152247.

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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:**

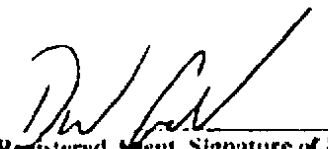
Name of New Registered Agent: David R. Goduti

New Registered Office Address: 9115 Galleria Court Ste 105  
*Enter Florida street address*

Naples, Florida 34109  
*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**

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          | Family Asset Managers, LLC      | 2343 Vanderbilt Beach Rd | <input type="checkbox"/> Add               |
|              |                                 | Suite 624                | <input checked="" type="checkbox"/> Remove |
|              |                                 | Naples, FL 34109         | <input type="checkbox"/> Change            |
| MGR          | Blueprint Asset Management, LLC | 9115 Galleria Court      | <input checked="" type="checkbox"/> Add    |
|              |                                 | Suite 105                | <input type="checkbox"/> Remove            |
|              |                                 | Naples, FL 34109         | <input type="checkbox"/> Change            |
|              |                                 |                          | <input type="checkbox"/> Add               |
|              |                                 |                          | <input type="checkbox"/> Remove            |
|              |                                 |                          | <input type="checkbox"/> Change            |
|              |                                 |                          | <input type="checkbox"/> Add               |
|              |                                 |                          | <input type="checkbox"/> Remove            |
|              |                                 |                          | <input type="checkbox"/> Change            |
|              |                                 |                          | <input type="checkbox"/> Add               |
|              |                                 |                          | <input type="checkbox"/> Remove            |
|              |                                 |                          | <input type="checkbox"/> Change            |
|              |                                 |                          | <input type="checkbox"/> Add               |
|              |                                 |                          | <input type="checkbox"/> Remove            |
|              |                                 |                          | <input type="checkbox"/> Change            |

2019 MAR 20 AM 11:26  
FILED  
CLERK OF DISTRICT COURT  
NAPLES, FLORIDA

FILED

2019 MAR 20 AM 11:26  
STATE OF FLORIDA  
TALLAHASSEE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

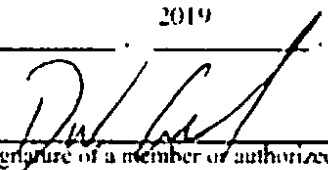
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 3/19 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

David R. Goduni, Authorized Representative

\_\_\_\_\_  
Typed or printed name of signer