## L12000152510

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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04/24/17--01027--020 \*\*25.00

FILED 2011 APR 24 PM 2: 18 SECRETARY OF STATE

K. SALY APR 25 2017

## **COVER LETTER**

TO: Registration S Division of Co		•••	••
1500 Colo	nial Boulevard, LLC		
SUBJECT:	Name of Lim	nited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Frunk J. Aloia, Jr.		
		Name of Person	
	Aloia Roland & Lubell, PI	LLC	
		Firm/Company	
	2254 First Street		
		Address	
	Fort Myers, FL 33901		
		City/State and Zip Code	
	faloia@floridalegalrights.co		
	E-mail address: (	to be used for future annual report notic	ication)
For further information	concerning this matter, please co	all:	
Frank J. Aloia, Jr		239 239-791-795	0
Name (	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional cupy 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

FILED
2017 APR 24 PM 2: 18
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

, ,4+ ,

1500 Colonial Boulevard, 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 $\frac{3/20/201}{}$	7 and assigned
Florida document number L2000152510		
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 contain the words "Limited Liabil	lity Company," the designal	ion "LLC" or the abbreviation "L,L.C."
Enter new principal offices address, if applicable:	1500 Colonial Blvd., S	Suite 200, Fort Myers, FL 33907
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	1500 Colonial Blvd., S	Suite 200, Fort Myers, FL 33907
(Mailing address MAY BE A POST OFFICE BOX)	•	
registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	Enter Florida str	unt address
	une Horiza sire	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is
lf Chan	ging Registered Agent, <u>Si</u>	enature 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≈ N AMBR= A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			D Add
			□ Remove
			Cháng T
			T L E D
			PR 24 PR 2: 18 PR 24 PR 2: 18 PR 26
			REFE 50
			□ Remove
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n ell ote:	ive date, if other than the date of filing:  [Sective 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
re: The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ited	4-17-17  Low E Cul. Margin factor  Signature of a member or authorized representative of a member  O C O 1 50 M

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00