L12000158620

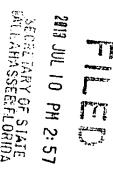
| (Req | uestor's Name) | |
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D. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 27, 2013

MICHAEL D. GENTZLE, ESQ. COLEMAN, YOVANOVICH & KOESTER, P.A. 4001 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES, FL 34103

SUBJECT: 1327 PINE ISLAND ROAD LLC

Ref. Number: L12000158620

We have received your document for 1327 PINE ISLAND ROAD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 813A00016113

COVER LETTER

TO: Registration Section

Division of Corporations

1327 Pine Island Road, 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:

Michael D. Gentzle, Esq.

Name of Person

Coleman, Yovanovich & Koester, P.A.

Firm/Company

4001 Tamiami Trail North, Suite 300

Address

Naples, FL 34103

City/State and Zip Code

rterezi@aol.com

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

For further information concerning this matter, please call:

Michael D. Gentzle

239 435-3535

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

| 1327 Pine Island Road, Li | | | | |
|---|--|---|--|--|
| (<u>Name of the Limite</u>) | d Liability Compa A Florida Limited I | ny as it now appears on (liability Company) | our records.) | |
| The Articles of Organization for this Limited I Florida document number L12000158620 | | | | |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liah | oility company here: | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Lim | ited Liability Company," t | he designation "LLC" or the abbreviation | |
| Enter new principal offices address, if appli | cable: | 5051 Castello Drive, #222 | | |
| (Principal office address MUST BE A STREET ADDRESS) | | Naples, FL 34103 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 5051 Castello Dr Naples, FL 3410 | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | | ecords, enter the name of the new | |
| Name of New Registered Agent: | Michael D. Gentzle | | | |
| New Registered Office Address: | 4001 Tami | ami Trail North, Sui | | |
| | | Enter Fi | orida street address | |
| | Naples | | , Florida <u>34103</u> | |
| | | 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 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 Changing Registered Agent, Signature of New Registered Agent

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

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|-------|-----------------|----------------------|----------------|
| MGR | Romeo Terezi | 5051 Castello Drive | ✓ Add |
| | | Suite 222 | Remove |
| | | Naples, FL 34103 | |
| MGR | Kostaq Terezi | 5051 Castello Drive | |
| | | Suite 222 | Remove |
| | | Naples, FL 34103 | |
| MGRM | Gary M. Tomal | 15 Bluebird Avenue | Add |
| | | #401 | Remove |
| | | Naples, FL 34108 | |
| MGRM | Donna M. Oswald | 140 Rockson Road | Add Add |
| | | Rockville Center, NY | Remove |
| | | 11570 | PH 2: ET |
| | | | Add |
| | . | | |
| | | | Remove |

| D. If ar | nending any other information | , enter change(s) here: (Attach additional sheets, if necessary.) |
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| Datad | | 2013 |
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| | | de de la comitación de |
| | Signatu | re of a member or authorized representative of a member |
| | Romeo Terezi | Jones Jean |
| | | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

