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(Re	questor's Name)	
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COVER LETTER

Div	ision of Corpo	orations			
SUBJECT:	Patina Colle	ction, LLC			
SOBJECT.		Name of Limited Liability Company			
The enclosed	d Articles of Ai	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspond	lence concerning this matter (to the following:		
		Karen Ann Abell			
Name of Person					
		Patina Collection			
	Firm/Company				
944 5th Avenue North					
	Address				
		Naples, FL 34102			
			City/State and Zip Code		
		karen@patinacollection.co			
		E-mail address: (t	o be used for future annual report notification)		
For further in	nformation con	cerning this matter, please ca	H: -		
Karen Ann			239 218-6458	2018 AUG	erga.
	Name of P	erson	Area Code Daytime Telephone Number	AUG - 7 AE IAR AHASS	
Enclosed is a	check for the	following amount:		EE FI	m
□ \$25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ling मुहेद्द्र 🕦 : te of Status 🕰	

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Patina Collection, 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 January 29, 2013 and assigned Florida document number L13000014358 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: New Registered Office Address: Enter Florida street address . Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kaylie Posner	21229 Waymouth Run	
		Estero, FL 33928	□ Remove
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ffective date, if other than the an effective date is listed, the date muote: If the date inserted in this bocument's effective date on the E	st be specific and cannot be lock does not meet the a	applicable statutory	g or more than 90 days a		
e record specifies a delaye The 90th day after the rec	d effective date, butord is filed.	ut not an effect	ive time, at 12:0	1 a.m. on the earli	er of
August 2	2018	·			
Kaalu	Signature of a member of				
	Signature of a member of	r authorized represen	ntative of a member	_	

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Filing Fee: \$25.00