

L13000018229

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SEP 09 2016

J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REBECANA OF NAPLES, 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:

George Mantzidis, Esq.

Name of Person

George Mantzidis, Attorney at Law, PLLC

Firm/Company

1185 Immokalee Road, Ste. 110

Address

Naples, Florida 34110

City/State and Zip Code

george@gmanlaw.com

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

For further information concerning this matter, please call:

George Mantzidis, Esq.

239 438-4609
at ()

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**

REBECANA OF NAPLES, 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 01/09/2013 and assigned
Florida document number L13000018229.

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)

4723 Oak Leaf Drive

Naples, FL 34119

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4723 Oak Leaf Drive

Naples, FL 34119

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:

4723 Oak Leaf Drive

Enter Florida street address

Naples

Florida 34119

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.


X _____
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	HICKS-CONCILLA, REBECCA	4723 Oak Leaf Drive	<input type="checkbox"/> Add
		Naples, FL	<input type="checkbox"/> Remove
		34119	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

SEP 6 9:28 AM
STATE OF FLORIDA
TALLAHASSEE

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(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.

Dated August 19th, 2016

REBECCA HICKS-CONCILLA

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

10 SEP -6 AM 9:28
STATION STATE
FALL RIVER, CT GRID,