

L13000034185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

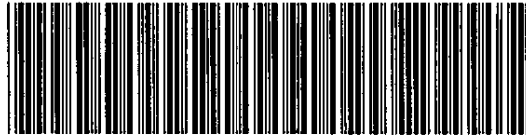
(Business Entity Name)

(Document Number)

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FILED
2015 MAR 16 PM 3:35
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

N. Culligan APR 3 - 2015

FILED

2015 MAR 16 PM 3: 35

ALACHUA COUNTY, FLORIDA
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent: MADELINE BRONNER

New Registered Office Address: 700 2ND AVE N STE 101

Enter Florida street address

NAPLES _____, Florida 34102

City

Zip Code

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

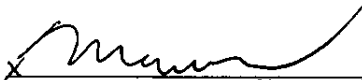
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	REWTIE MISIR	700 2ND AVE N STE 101	<input type="checkbox"/> Add
		NAPLES, FL 34102	<input checked="" type="checkbox"/> Remove
MGR	MADELINE BRONNER	700 2ND AVE N STE 101	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 3, 2015



Signature of a member or authorized representative of a member

MADLINE BRONNER

Typed or printed name of signee

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Filing Fee: \$25.00

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2015 MAR 16 PM 3:35
FLORIDA DEPARTMENT OF STATE