

L13 000046635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

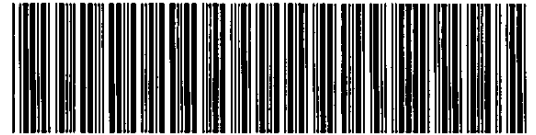
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800263389158

09/26/14--01025--021 **25.01

2014 SEP 26 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oulligan OCT 1 2014



COUNSELORS AND ATTORNEYS AT LAW

Kevin G. Coleman | Richard D. Yovanovich | Edmond E. Koester
William M. Burke | Gregory L. Urbanic | Matthew L. Grabinski | Craig D. Grider
Matthew M. Jackson | Jeffrey J. Beihoff | Harold J. Webre | Caroline M. Magliolo
Charles A. B. Thomson | David Kerem | Michael D. Gentzle | Of counsel: Kenneth R. John

Writer's Email:
chillesheim@cyklawfirm.com

September 25, 2014

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Articles of Amendment to Articles of Organization of
JUMBY BAY, LLC; Document No.: L13000046635**

To Whom It May Concern:

Enclosed for filing, please find Articles of Amendment to Articles of Organization of Jumby Bay, LLC, a Florida limited liability company. Also enclosed is our firm's check in the amount of \$25.00 representing the filing fee. If you have any questions, please feel free to contact me. Thank you.

Sincerely,



Cheryl Hilleshorn
Paralegal

Enclosure

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2014 SEP 26 PM 3:

Jumby Bay, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/29/2013 and assigned
Florida document number L13000046635.

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 end with 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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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 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 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

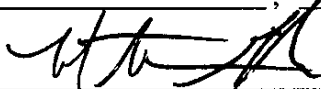
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Adam Smith	PO Box 1309	<input type="checkbox"/> Add
		Naples, FL 34106	<input checked="" type="checkbox"/> Remove
MGR	Naples Re-Development, Inc.	PO Box 1309	<input checked="" type="checkbox"/> Add
		Naples, FL 34106	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 September 25, 2014



Signature of a member or authorized representative of a member

Matthew L. Grabinski, Esq.

Typed or printed name of signee

Authorized Rep.

Page 3 of 3

Filing Fee: \$25.00

2014 SEP 26 11:12
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA