

L13000049163

MAY 30-2013 17:46
DIVISION OF CORPORATIONS

KIRWIN NORRIS P.F.

4077406363

01/04

Florida Department of State
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
M BAY ASSOCIATES II, LLC

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K. SALY
EXAMINER
MAY 31 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M Bay Associates II, 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:

Garrett G. Carlson

Name of Person

SCA PROPERTIES, LLC

Firm/Company

674 PALM CIRCLE WEST

Address

NAPLES, FL 34102

City/State and Zip Code

gary@scaproperties.net

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

For further information concerning this matter, please call:

Gary Carlson

Name of Person

at (239)

262-3744

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**

FILED
13 MAY 30 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M Bay Associates II, 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 February 17, 2013 and assigned
Florida document number L13000049163.

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)

4099 Tamiami Trail North, Suite 200

Naples, FL 34103

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4099 Tamiami Trail North, Suite 200

Naples, FL 34103

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:

4099 Tamiami Trail North, Suite 200

Enter Florida street address

Naples

, Florida

34103

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	M Bay Associates, LLC	3936 TAMiami TRAIL NORTH, STE. A NAPLES, FL 34103	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SCA PROPERTIES, LLC	674 PALM CIRCLE WEST NAPLES, FL 34102	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

May 29

2013

Signature of a member or authorized representative of a member

Garrett G. Carlson

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00