

L13000055170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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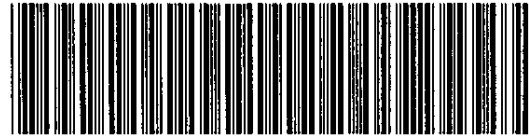
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2013 JUL 12 PM 12:45

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JUL 15 2013

D. BRUCE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OCREES, 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:

Cynthia Carlson, Esq.

Name of Person

Akerman Senterfitt

Firm/Company

9128 Strada Place, Suite 10205

Address

Naples, FL 34108

City/State and Zip Code

cynthia.carlson@akerman.com

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

For further information concerning this matter, please call:

Cynthia Carlson, Esq.

Name of Person

at (239) 449-5563

Area Code & Daytime Telephone Number

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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**

OCREES, 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 April 15, 2013 and assigned
Florida document number L13000055170.

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)

243 6th Street

Bonita Springs, FL 34134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

243 6th Street

Bonita Springs, FL 34134

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CLERK OF STATE
TALLAHASSEE FLORIDA

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: _____

243 6th Street

Enter Florida street address

Bonita Springs

, Florida

34134

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>
MGR	R. Christopher Ott	3940 Prospect Avenue, Suite 102	<input type="checkbox"/> Add
		Naples, FL 34104	<input checked="" type="checkbox"/> Remove
MGR	R. Christopher Ott	243 6th Street	<input checked="" type="checkbox"/> Add
		Bonita Springs, FL 34134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE-FLORIDA

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

Dated July 1, 2013


Signature of a member or authorized representative of a member

R. Christopher Ott

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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