L13000055803

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	·
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions AMENDME	to Filing Officer:	

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MERETARY OF STATE

S Warren SEP 1 9 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2016

KATHLEEN WHITE, PA 1419 SERRANO CIRCLE NAPLES, FL 34105

SUBJECT: NAPLES REAL ESTATE PROFESSIONALS, "LLC"

Ref. Number: L13000055803

We have received your document for NAPLES REAL ESTATE PROFESSIONALS, "LLC" and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to our telephone conversation of August 30, 2016, I am .

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 216A00018585

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company 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:
Kathleen White
1419 Serrano Cucle
Noples FL 34105
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Attention Attention Area Code Daytime Telephone Number Da
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee 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

AKIIC	LES OF O	KGANIZATIU	IN .	. 10
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Maples Rec	1 Esta	to Profe	rsina /s	116
(Name of the Limited	Florida Limited L	ny as it now appears on iability Company)	our records.	
			O	
The Articles of Organization for this Limited Liab	oility Company	were filed on 	-10-de	and assigned
Florida document number <u>L. 130000</u> .			×	5
This amendment is submitted to amend the follow	ving:			•
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
Naples Showca	se of	Homes	LC	•
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the design	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicat	ole:	1419 5	errzuo (ricle
(Principal office address MUST BE A STREET	ADDRESS)	Map	les, FL	34105
		/	(Az 1	be tire)
		1		
Enter new mailing address, if applicable:		As a	Love.	
(Mailing address MAY BE A POST OFFICE B	ov)	, , , , , ,		.
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B. If amending the registered agent and/or	. wasintawad of	fiae adduces on ou	m magande anton	the name of the now
B. It amending the registered agent and/or registered agent and/or the new registered offi			r records, enter	the name of the new
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N. CNI De l'accel Acces	Ville	eer la late	(A 1	a fac
Name of New Registered Agent:	ACIM	en in ince	<u> </u>	<u> </u>
New Registered Office Address:				· · · · · · · · · · · · · · · · · · ·
		Enter Florida s	treet 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 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 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 = Au	ithorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Kithlee White	1419 Serrow Cuel	<u>le</u> □ Add
		1419 Sevisio Cuel Naprles, Fl 3410 (As befre)	グ _{ロ Remove}
	1 0	A	Change
AMBR	Anthony Vigilante	As Above +	D Add
	, -	As before	□ Remove
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