

L130000359443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

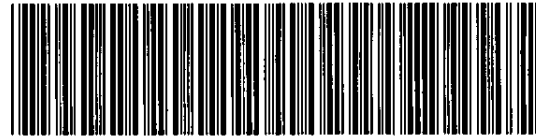
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 31 2013

T. HAMPTON

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**        KATIE WONSCH

**DATE:**            12/26/2013

**REF. #:**           7752782.9002530

**CORP. NAME:**   665 S COLLIER BLVD, LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

**STATE FEES PREPAID WITH CHECK# 70012194 FOR \$ 25.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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DIVISION OF CORPORATIONS

December 27, 2013

CORPDIRECT AGENTS INC  
KATIE WONSCH

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE

SUBJECT: 665 S COLLIER BLVD, LLC  
Ref. Number: L13000059443

12/26

We have received your document for 665 S COLLIER BLVD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that Limited Liability Company forms received prior to January 1, 2014 must be submitted in accordance with Chapter 608, Florida Statutes. If you wish to file pursuant to Chapter 605, please resubmit your document after January 1, 2014. Otherwise, revise your document accordingly.

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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 213A00029158



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

665 S Collier Blvd, 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 22, 2013 and assigned Florida document number L13000059443.

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 new 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 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**

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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	John Paul Macchia	946 Sundrop Court	<input type="checkbox"/> Add
		Marco Island, FL 34145	<input checked="" type="checkbox"/> Remove
MGR	John A. Macchia	946 Sundrop Court	<input type="checkbox"/> Add
		Marco Island, FL 34145	<input checked="" type="checkbox"/> Remove
MGRM	Joseph Angelo Macchia	3808 Wilcox Avenue	<input type="checkbox"/> Add
		Downers Grove, IL 60515	<input checked="" type="checkbox"/> Remove
MGRM	Gianna Lynn Macchia	3457 S. Whitnall Avenue	<input type="checkbox"/> Add
		Milwaukee, WI 53207	<input checked="" type="checkbox"/> Remove
MGR	M Holdings LLC	229 N. Collier Blvd.	<input checked="" type="checkbox"/> Add
		Marco Island, FL 34145	<input type="checkbox"/> Remove

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

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Dated December 30, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

John Paul Macchia  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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