## L13000059443

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DEC 3 1 2013

T. HAMPTON

CORPDIRECT AGEN 515 EAST PARK AVI TALLAHASSEE, FL 222-1173	ENUE	merly CCRS)	,
FILING COVER S ACCT. #FCA-23	SHEET		
CONTACT:	KATIE WO	NSCH	
DATE:	12/26/2013		
REF. #:	7752782.900	<u>2530</u>	
CORP. NAME:	665 S COLL	<u>IER BLVD, LLC</u>	
( ) ARTICLES OF INCO ( ) ANNUAL REPORT ( ) FOREIGN QUALIFIC ( ) REINSTATEMENT ( ) CERTIFICATE OF C ( ) OTHER:	CATION	( XX ) ARTICLES OF AMENDMENT ( ) TRADEMARK/SERVICE MARK ( ) LIMITED PARTNERSHIP ( ) MERGER	( ) ARTICLES OF DISSOLUTION ( ) FICTITIOUS NAME ( ) LIMITED LIABILITY ( ) WITHDRAWAL
		TH CHECK# <u>70012194</u> FOR \$	
		COST LI	MIT: \$
PLEASE RETUR  ( ) CERTIFIED COPY  ( ) CERTIFICATE OF	Y ()C	ERTIFICATE OF GOOD STANDING	( XX ) PLAIN STAMPED COPY

Examiner's Initials



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FAICHON OF CORF STATES

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

1/1/26

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

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	665 S Colli	ier Blvd, LLC		
		Name of Limi	ted Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Christopher A. Roche		
			Name of Person	
		Law Offices of Christophe	r A. Roche	
			Firm/Company	
		229 N. Collier Boulevard		
			Address	
	Name of Person  Law Offices of Christopher A. Roche  Firm/Company  229 N. Collier Boulevard  Address  Marco Island, FL 34145  City/State and Zip Code  croche@marcocable.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:			
		croche@marcocable.com	City/State and Zip Code	
		E-mail address: (I	to be used for future annual report notificat	ion)
For furth	er information c	oncerning this matter, please c	all:	
Christop	her A. Roche		239 389-0700 at ( )	
	Name o	f Person	Area Code & Daytime To	elephone Number
Enclosed	l is a check for th	ne following amount:		
<b>运</b> \$25.0	0 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

665 S Collier Blvd. LLC

(Name of the Limited Liab	ility Company as it now appears on our records.) ida Limited Liability Company)	
(A Flori	da Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed onApril 22, 2013	and assigned
This amendment is submitted to amend the following		2013 DEC SECRED
A. If amending name, enter the new name of the	limited liability company here:	DEC 2
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation	"LLC" of the abbreviation
Enter new principal offices address, if applicable:		02
(Principal office addr <u>ess MUST BE A STREET AL</u>	DDRESS)	56 107
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		the name of the new
Name of New Registered Agent:	•	
New Registered Office Address:	Enter Florida street aa	ldress
	Zinor I in tua so cer ou	
<u></u>	, 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

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> Name Address | Type of Action MGR John Paul Macchia 946 Sundrop Court Add Marco Island, FL 34145 Remove MGR John A. Macchia 946 Sundrop Court Marco Island, FL 34145 MGRM Joseph Angelo Macchia 3808 Wilcox Avenue Downers Grove, IL 60515 MGRM Gianna Lynn Macchia 3457 S. Whitnall Avenue Milwaukee, WI 53207 MGR M Holdings LLC 229 N. Collier Blvd. Marco Island, FL 34145 Remove Remo بي ထွ

If amending any other inform	mation, enter change(s) here: (Attach additional sheets, if necessary.)
<del>-</del>	
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

2013 DEC 26 AM 9: 56
SECRETARY OF STATE
TAIL LAHASSEE