

7/20/2020

L13000076637

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000233731 3)))



H200002337313ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JOHN M WICKER PA
Account Number : 120070000104
Phone : (239)939-2222
Fax Number : (239)939-2280

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mwicker@kewcra.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
12701 MCGREGOR LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

LLC Amend.

H20002337313

Electronic Filing Menu

Corporate Filing Menu

Help

07/21/20

RECEIVED
2020 JUL 20 PM 12:32

1420000 2337313

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

12701 MCGREGOR, 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 05/28/2013 and assigned
Florida document number L13000076637.

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 contain 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: JOHN M. WICKER

New Registered Office Address: 12670 NEW BRITTANY BLVD. SUITE 101
Enter Florida street address

FORT MYERS, Florida 33907
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

1420000 2337313

H 20000233731 3

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DIANE LAWLER		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	LEE WHARTON		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OSWALDO MORROBEL	1506 ARGYLE DRIVE	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33919	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JASON BHIMJI	3809 SW 2ND AVENUE	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33914	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL TESSMER	957 WITTMAN DRIVE	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33919	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H20000233731 3

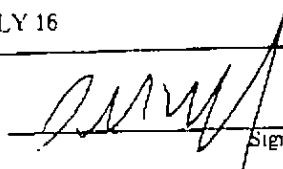
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE LLC SHALL BE MANAGED BY A MANAGER OR GROUP OF MANAGERS. AND IS THEREFORE
MANAGER MANAGED.

E. Effective date, if other than the date of filing: UPON FILING (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 16, 2020



Signature of a member or authorized representative of a member

OSWALDO MORROBEL

Typed or printed name of signee