L1300090760

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D. BRUCE

COVER LETTER

TO: Rep

Registration Section
Division of Corporations

SUBJECT:

2366 E Mall Dr #317 レレン

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:

Annalisa Xioutas

Name of Person

2366 E Mall Dr #317 レレC

Firm/Company

12437 Brantley Commons Ct

Address

Fort Myers, FL 33907

City/State and Zip Code

annalisa@ffi1.com

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

For further information concerning this matter, please call:

Annalisa Xioutas

at (239

³⁹,671-3934

Name of Person

Area Code & Daytime Telephone Number

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

2366 E Mall Dr #317 LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records mited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Con	mpany were filed on June 24, 2013	and assigned
Florida document number L13000090760	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		SE SE
		A CHARLES
Enter new mailing address if annihable.		SEE 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		STATE O
		0 7
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	, Floric	
	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 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 Title . **Name** <u>Address</u> **Type of Action** Karma Marino 1206 Logan Ln, Fort Myers, FL 33919 MGRM Remove John Fontana **MGRM** 12437 Brantley Commons Ct, Fort Myers, FL 33907 ✓ Add Remove Remove Remove Remove

If amending any other information, e	nter change(s) here: (Attach additional sheets, if necessor	ary.)
August 30	2013	
Moreta		
Signature	of a member or authorized representative of a member	
Annalisa Xioutas		
	Typed or printed name of signee	
•	Page 3 of 3	

Filing Fee: \$25.00

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