## L13000100239

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	:y/State/Zip/Phone	e #)	
	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
		,	
:			





900253924339

11/18/13--01022--016 \*\*125.00

13 NOV 18 AM II: OR Secretary of State



## COVER LETTER

TO:

Registration Section

Division of Corporations

2340.9

2340 STANFORD COURT, LLC

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:

Michael Michetti, Esq.

Name of Person

Woods, Weidenmiller & Michetti, PL

Firm/Company

5150 Tamiami Trail N, Suite 603

Address

Naples, FL 34103

City/State and Zip Code

mmichetti@lawfirmnaples.com

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

For further information concerning this matter, please call:

Michael

<sub>31</sub>,239,325-4070

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

(Name of the Limited Lightlity Co.	mnany as it now annears on our rec	ords )
(A Florida Limi	mpany as it now appears on our rec ted Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Comp	pany were filed on 07/15/2013	and assigned
lorida document number L13000100239		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the design	gnation "LLC" or the abbrevia
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	<u>→                                    </u>
		<u> </u>
		355 18 18
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		BH 0
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	itreet address
	, Fl	lorida Zip Code
	Cuy	zip Coae

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action **Address** Title Title <u>Name</u> 2340 STANFORD COURT **EFOC Holdings, LLC** MGR NAPLES, FL 34112 Remove 2340 STANFORD COURT Agostino, Ashley MGR NAPLES, FL 34112 Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated