

L13000 101 462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

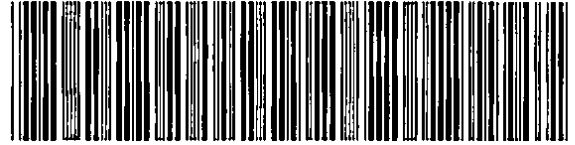
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 22 AM 11:53
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 908 SSNW II, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher A. Roche
Name of Person

Firm/Company

229 N. Collier Blvd.
Address

Marco Island, FL 34145
City/State and Zip Code

Len@mymarcorealty.com

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

For further information concerning this matter, please call:

Christopher A. Roche at (239) 389-0700

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$60.00
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy (additional copy is enclosed)	Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Street/Courier Address:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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JUL 22 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
908 SSNW II, 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 July 15, 2013 and assigned Florida document
number L13000101462.

A. If amending the name, the new name of the company is: (enter new name here):

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

(must be a street address)

601 E. Elkcarn Circle, Unit C5
Marco Island, FL 34145

Mailing Address:

601 E. Elkcarn Circle, Unit C-5
Marco Island, FL 34145

B. If amending the registered agent and/or registered office on our records:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name of the new registered agent and Florida street address of the registered agent are:

Name

Florida Street Address (P.O. Box **NOT** accepted)

City

Zip

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 address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

C. If amending the Authorized Person(s) authorized to manage:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address

Type of Action:

MGR

Add: Leonard Bubri

601 E. Elkcam Circle, Unit C-5

Marco Island, FL 34145

MGR

Remove: Domenic Bubri

6436 Lee St.

Arvada, CO 80004

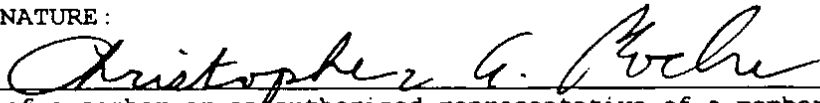
D. If amending any other information, enter change(s) here:

Each manager shall have all legal powers as set forth in Florida Statutes Chapter 605 and as amended. Additionally, any one manager shall have the legal authority to execute any and all legal documents whatsoever on behalf of the company. No company resolution or examination of the Operating Agreement shall be necessary to confirm the authority of any one manager's legal authority to execute legal documents in any particular instance or transaction.

E. Effective date, if other than the date of filing _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after the date of filing.)

Dated July 19, 2019

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with Chapter 605, Florida Statutes,
the execution of the document constitutes an affirmation under
the penalties of perjury that the facts stated herein are true.
I am aware that any false information submitted in a document
to the Department of State constitutes a third degree felony as
provided for in s.817.155, F.S.)

Christopher A. Roche

Typed or printed name of signee

Filing Fees:

Filing Fee \$25.00

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