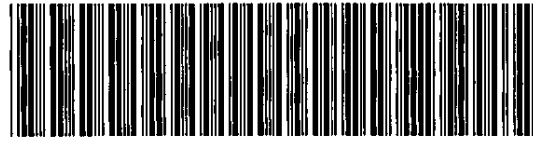


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 15 2016

Y SULKER

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LANDCOLE & MYB 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:

ALBALUCIA FOLEY

Name of Person

PIER 17 LLC

Firm/Company

P O BOX 1104

Address

NAPLES FLORIDA 34106

City/State and Zip Code

info@foleyforensicaccg.com

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

For further information concerning this matter, please call:

ALBALUCIA FOLEY

239 300-6660

at ( )

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**

LANDCOLE & MYB 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 FLORIDA and assigned Florida document number L13000105948.

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)**

PIER 17 LLC

4100 CORPORATE SQUARE STE 114

NAPLES FL 34104

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P O BOX 1104

NAPLES FL 34106

**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:**

FOLEY FORENSIC ACCOUNTING LLC

**New Registered Office Address:**

4100 CORPORATE SQUARE SUITE 11

*Enter Florida street address*

NAPLES

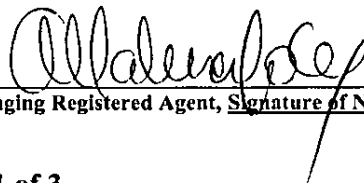
, Florida 34104

*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

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>
MG	PIER 17 LLC	3524 SILVERSIDE RD, STE 35B	<input type="checkbox"/> Add
		WILMINGTON DE 19810-4929	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

*afbg*

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 FBI  
 PHOENIX

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

WE ARE AMENDING THE OWNERS- MANAGEMENT NAME, FOR HERE ONE WILL BE PIER 17 LLC

ADDRES 3524 SILVERSIDE RD, STE 35 B, WILMINGTON DE 19810-4929 AND THE MAILING ADDRESS

FOR HERE ON WILL BE PIER 17 LLC P O BOX 1104 NAPLES FL 34106.

FEI/EIN -46-3276756

*Albalucia Foley*

**E. Effective date, if other than the date of filing: 09-15-2016 (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.

FILED  
16 SEP 12 PM 3:07  
TALLAHASSEE FLORIDA

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 SEPTEMBER 08, 2016

*Albalucia Foley*

Signature of a member or authorized representative of a member

ALBALUCIA FOLEY/ FOLEY FORENSIC ACCOUNTING LLC

Typed or printed name of signee