

L13000114607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400261718074

07/10/14--01013--015 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 10 PM 3:35

JUL 10 2014
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 465 18TH AVE S 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:

STEVEN T. CLONTZ

Name of Person

Firm/Company

1441 GULF SHORE BLVD S.

Address

NAPLES, FL 34102

City/State and Zip Code

TERRY. CLONTZ @ GMAIL.COM

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

For further information concerning this matter, please call:

STEVEN (TERRY) CLONTZ

Name of Person

at (**404**)

Area Code

324-0151

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

465 18TH AVE S 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 08/14/2013 and assigned Florida document number L13000 114 607.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

745 AQUALANE SHORES LLC

The new name must be distinguishable and end with 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)

1441 GULF SHORE BLVD S.
NAPLES, FL 34102

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~NO CHANGE~~

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 10 PM 3:05

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

~~NO CHANGE~~

Enter Florida street address

Florida

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.

~~NO CHANGE~~

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager Authorized Member 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

NO CHANGES

FILED
 STATE
 DEPARTMENT OF
 CORPORATIONS
 DIVISION OF
 SECRETARIES
 14 JUL 10 PM 3:35

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

No CHANGE

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

Steven T. Clontz
Signature of a member or authorized representative of a member

STEVEN T. CLONTZ
Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL 10 PM 3:35