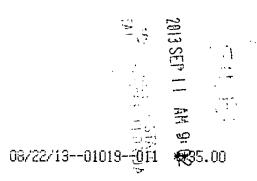
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(Req	uestor's Name)	
(Addi	ress)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
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J. SAULSBERRY EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person City/ State and Zip Code For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ' ARTICLES OF ORGANIZATION OF

Mes Au-Limited Liability (A Florida	ity Compan	S Pa y as it now a	ppears on	our records	<u>.</u>)	_	
The Articles of Organization for this Limited Liability Florida document number			\sim	14/	, 2	assigned	t
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lin	mited liabi	lity compan	y here:				
The new name must be distinguishable and end with the w"L.L.C."	ords "Limit	ed Liability (Company,"	the designati	on "LLC" or t	he abbre	<u>viati</u> on
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADI	ORESS)				•		
					35-	29	
					" for	SE SE	- <u>y =</u> ,
Enter new mailing address, if applicable:					•		
(Mailing address MAY BE A POST OFFICE BOX)					<u> </u>		
						222	<u> </u>
					النوار النوار	ĕ	٠
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac			on our	records, <u>en</u>	ter the nam	e of th	e new
Name of New Registered Agent:							
New Registered Office Address:				2			
			Enter l	lorida stree	et address		
		<i>-</i>		, Florid	la		
		Citv			Zip C	ode	

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 Changing Registered Agent, Signature of New Registered Agent

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		•
<u>Title</u>	<u>Name</u>	Address	Type of Action
P	Richard Berec	151 Airport Road S	Add
		Raples, FL 34104	Remove
		151 Airport Road S	<u></u> .
P	Peter N. Berec	Naples, 92 34104	Add
			Remove
			Add
			Remove
	•		. 23
		· · · · · · · · · · · · · · · · · · ·	Add
		·	Remove
			Add
			Remove
			_
			Add
			Remove

D. If am	ending any other information, enter change(s) here: '(Attach additional sheets, if necessary.) •
Dated	
	Signature of a member or authorized representative of a member Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP 11 AM 9: 02