L13000133549

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COVER LETTER

TO:

Registration Section Division of Corporations

VANDERBILT REALTY, LLC

SUBJECT

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:

DOMINIC PALLINI

Name of Person

VANDERBILT REALTY, LLC

Firm/Company

11983 TAMIAMI TRL N STE 118

Address

NAPLES, FL 34110

City/State and Zip Code

DPNAPLES@GMAIL.COM

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

For further information concerning this matter, please call:

DOMINIC PALLINI

,,,239,,949,2117

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

VANDERBILT REALTY, LLC	ty Company as it now appears on our records		
(A Florida	ty Company as it now appears on our records. Limited Liability Company)	,	
The Articles of Organization for this Limited Liability C Florida document number L13000133549	ompany were filed on 09/20/2013	and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:			
Enter new principal offices address, if applicable:		201 TAL	
(Principal office address MUST BE A STREET ADDR	(ESS)		
		No.	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
		Fig. 6	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flor		
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name <u>Address</u> **Type of Action** RYAN A BLEGGI 21286 BRAXFIELD LOOP MGRM ■ Add ESTERO, FL 33928 ☐ Remove _□ Add □ Remove □ Add ☐ Remove N 2 Add P ANSSEE FLORE REMOVE □ Add ☐ Remove _□ Add □ Remove

D.	If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
		· · · · · · · · · · · · · · · · · · ·
E. [Effectiv	re date, if other than the date of filing: (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	the date t	this document is filed by the Florida Department of State)
	Dated	1-16,2014
		Signature of a member or authorized representative of a member
		DOMINIC PALLINI
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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