1/300/37843

(Re	questor's Name)	
(Ad	dress)	-
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
	ocument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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MANUAL STATE

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S. WARREN DEC 1 9 2017

· COVER LETTER

TO: Registration Se Division of Cor	norations		^ .
SUBJECT:	Naples	Smrise Ref	erals, LLC.
	Name of Lim	ited Liability Company	,
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mil	Cl Tavener	
		Name of Person	
		Firm/Company	
	86 /	Address	we
		Address	
	As	City/State and Zip Code Code	28801
		City/State and Zip Code	
	tav	a Ku. c	o M
			meadon
	oncerning this matter, please co		
Mi	ce lavene/	2000000000000000000000000000000000000	1-2024
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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

Name of the Limited) un rise	Referral	s LLC.	
(Name of the Limited	Liability Compan V Florida Limited L	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Liab	bility Company v 37843	vere filed on $\frac{q}{q}$	30-2013 and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	he limited liabil	ity company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabili	y Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
B. If amending the registered agent and/or the new registered offi	• •		r records, <u>enter the name of the nev</u>	Ÿ
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida si	treet address	
			Florida	
		Cüy	Zip Code	
New Registered Agent's Signature, if changing Real hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registableing filed to merely reflect a change in the recompany has been notified in writing of this change in the change in this change in the change in the change in this change in the change in this change in the change	agent and agre and complete pered agent as pe gistered office of hange.	performance of my e rovided for in Chap address, I hereby co	duties, and I am familian with and ster 605, F.S. Or if this document is onfirm that the limited liability.	
	If Chang	ing Registered Agent,	Signature of New Registered Agent	

If amending Authorized Person((s) authorized	to manage	, <u>enter the</u>	<u>title, name, and</u>	<u>l address of each</u>	person being added
or removed from our records:						

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kristine Hongen	879 Vanderbill Beach Rd	Add
		879 Vandrbill Beach Rd Neples Fl. 34108	□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			□ Remove
			Change
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Filing Fee: \$25.00