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MAR 1 6 2020

COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Schmitt Properties, 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:
DAWN DIAL Name of Person
Schmitt Properties, LLC
5420 Division Drive
Fort Myers FL 33905 Chy/State and Zip Code
For further information concerning this matter, please call:
DAWN DIA at (a39) A75-9334 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: N/A - Already Sent \$35.00 \$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. Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOHN (H)	PLDDX	17105, 1	<u> </u>		
(Name of the Limited (A	Liability Compar Florida Limited L	y as it now appears on our ability Company)	records.)		
The Articles of Organization for this Limited Liab	oility Company v	were filed on	a8/13	_ and assigned	i
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabi	lity company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the designation	n "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicat		5420D	ivision	1 Dri	<u>ル</u> しろ
Principal office address MUST BE A STREET	<u>ADDRESS)</u>		40.01.	<u>~</u>	<u>. </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	5420 D Fort M	ivisida yers, Fl	Driv _ 33	— .e 105
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office a here:	ddress on our records,	enter the name o	f the figw rep	gistered
Name of New Registered Agent:				·	7-
New Registered Office Address:	<u>542C</u>	DIV (SIC	address	ve c	<u> </u>
	FORT	Myers	, Florida <u>33</u>	3975 <u> </u>	<u>)</u>

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 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>	Name	<u>Address</u>	Type of Action
MGR	Andrew T.	5420 Division Dr	ive Madd
	Schmitt	Fort Myers, FL	□Remove
		33905	□ Change
MGR	Brandon M.	5420 Division Driv	C AAdd
	Schmitt	Fort Myers, FL	□Remove
		33905	□ Change
			□Add
			20 Remove
			Ghange —
			□ □ Remove
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fective date, if other than	the date of filing:	JAN.	1,20		al)	40 6 020
n effective date is listed, the dat te: If the date inserted in the cument's effective date on t	is block does not me	et the applicable		ian 90 days after ni quirements, this d	ate will no	t be listed a
cument a cricenve date on c	ne izepariment or or	no precoras.				
ecord specifies a delayed eff	ective date, but not a	n effective time.	at 12:01 a.m. on th	e earlier of: (b)	The 90th o	lay after the
is filed. ted <u>MAC</u>	10	<u>abau</u>				

Filing Fee: \$25.00