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J. HARRIE

COVER LETTER

TO:	Registration Se Division of Cor			
e110 II	417 Spring			
SODAL	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		John C. Goede, Esq.		
			Name of Person	_
		Goede, Adamczyk, DeBoc	est & Cross, PLLC	
		-	Firm/Company	
		8950 Fontana Del Sol Way	y, Suite 100	
			Address	
		Naples, FL 34109		
			City/State and Zip Code	
		jgoede@gadclaw.com		·
For fur	ther information co	e-mail address: (oncerning this matter, please c	to be used for future annual report notif all:	ication)
John C	. Goede		239 331-5100 at ()	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 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

417 Spring, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
e Articles of Organization for this Limited Liability Company were filed on January 6, 2014		and assigned
orida document number 1.14000002159	·	
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limi	ited liability company here:	
avis RJ Properties, LLC		
e new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or t	ne abbreviation 1.L.C.
nter new principal offices address, if applicable:		> a City
rincipal office address MUST BE A STREET ADDR	RESS)	
		in the
nter new mailing address, if applicable:		<u>., C</u>
failing address MAY BE A POST OFFICE BOX)		,
. If amending the registered agent and/or regist		ter the name of the
gistered agent and/or the new registered office addr	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member Title <u>Name</u> Address **Type of Action** _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add _□ Remove _□ Change _□ Add ☐ Remove _□ Change Adding Remove <u>™</u>□ Ch**an**ge □ Add ☐ Remove

☐ Change

									
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		1- 100						—	
ote: If the cument's record	ate, if other than the date is listed, the date muse date inserted in this bl effective date on the D	lock does not mee Department of Stated	et the applicable e's records.	e statutory filing	requirements.	this date wi	ll not be	listed	а
THA DOM	h day after the rec								
	1.5		2018					2018	
lune	13, —							,	
lune	15.								
lune	13.	Signature of a mer	nber,or authorize	d representative o	of a member		***	- 00	
June ted		Signature of a mer	nber,or authorize	d representative o	of a member	-		Q 0	
ted	John C. Goede, Esq.	04	mber or authorize		of a member				

Page 3 of 3

Filing Fee: \$25.00