114 6000 15685

(Requestor's Name)
V 7 · · · · · · · · · · · · ·
(Address)
(Address)
. (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100253974061

01/31/14--01018--010 **25.00



J. Stravers FEB 0 4 2013

COVER LETTER

TO: Reg

Registration Section
Division of Corporations

CUDIECT

LINE 5, 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:

SELENA SAMALE

Name of Person

PERLMAN, BAJANDAS, YEVOLI & ALBRIGHT P.L.

Firm/Company

200 S. ANDREWS AVE STE 600

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

SELENA@PBYALAW.COM

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

For further information concerning this matter, please call:

SELENA SAMALE

_{.,/}954、566-7117

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

LINE 5, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 1/28/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		,
Enter new mailing address, if applicable:	9130 GALLERIA CT., SUIT	E 326
(Mailing address MAY BE A POST OFFICE BOX)	NAPLES, FL 34101	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		er the name of the no
New Registered Office Address:	Enter Florida street address	10 23 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Agent's Signature, if changing Registered Agen	City t:	Zip Code
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet	— gree to act in this capacity. I further a	

If Changing Registered Agent, Signature of New Registered Agent

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 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Add
			Remove
			□ Add
		710 432-00 882	77 D
		~~~	
			□ Add
			□ Remove
			□ Add
			Remove
			1
			DAdd
			□-Remove =
			□ Add
			☐ Remove

f amending any other information, enter change(s) here: (Attach	additional sheets. If necessary.,
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and	(optional)
the date this document is filed by the Florida Department of State)	cannot be more than 90 days after
Dated 0//29/14 2014	
Signature of a member or authorized repres	entative of a member
JUSTIN LANE	
Typed or printed name at's	

Page 3 of 3

Filing Fee: \$25.00