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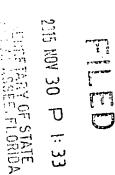
	(Requestor's Name)				
	(Address)				
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	(City/State/Zip/Phone #)			
PICK-U	P WAIT	MAIL			
	(Business Entity Name)			
(Document Number)					
Certified Copies	Certificates o	f Status			
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COVER LETTER

Division of Corp	orations				
ARGO MAI SUBJECT:	NATEE, LLC	_			
	Name of Limit	ed Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspor	ndence concerning this matter to	o the following:			
	Jennifer A. Cachon				
Name of Person					
	Conroy, Conroy & Durant, P.A.				
Firm/Company					
	2210 Vanderbilt Beach Road, Suite 1201				
	Address				
	Naples, FL 34109				
	City/State and Zip Code				
	jcachon@naplespropertylaw				
	E-mail address: (10	o be used for future annual report notifi	cation)		
For further information co	oncerning this matter, please cal	11:			
Jennifer A. Cachon		239 649-5200 at () Daytime			
Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	e 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:

TO:

Registration Section

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

ARGO MANATEE, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	llity Company as it now appears on our re da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability		and assigned
Florida document number L14000019333	 '	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
D. If amounting the protestional activities of	2-4 1 667 11	
 If amending the registered agent and/or registered agent and/or the new registered office aden 		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, 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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Scott Bland	21141 BELLA TERRA BLVD	■ Add
		ESTERO, FL 33928	Remove
			Change
			Add
			□ Remove
			Change
			Add
		·	☐ Remove
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1277			Remove
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fective date is listed If the date inser	er than the date of the date must be specificated in this block does late on the Department	ic and cannot be prior t not meet the applica	o date of filing or n ble statutory filin	ore than 90 days	optional) after filing.) , this date v	Pursuan	it to 605. be liste
cord specifies 90th day aft	a delayed effecti er the record is fi	ve date, but not led.	an effective f	time, at 12:0	01 a.m. (on the	earlie
		2015					
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	Signature	of a member or autho	rized representative	of a member		05 AON	
		Typed or printe	d name of signee			-	
		Pave	3 of 3			w	

Filing Fee: \$25.00