

L 14000052046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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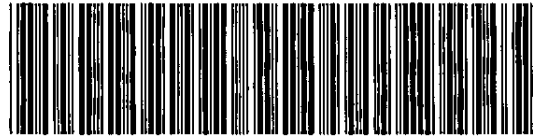
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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EXAMINER
APR 10 2014

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April 8, 2014

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: Articles of Amendment to Articles of Organization of
611 SPRING DRIVE, LLC; Document No.: L14000052046**

To Whom It May Concern:

Enclosed for filing, please find Articles of Amendment to Articles of Organization of 611 Spring Drive, LLC, a Florida limited liability company. Also enclosed is our firm's check in the amount of \$25.00 representing the filing fee. If you have any questions, please feel free to contact me. Thank you.

Sincerely,



Cheryl Hillesheim
Paralegal

Enclosure

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

611 Spring Drive, LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company))

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The Articles of Organization for this Limited Liability Company were filed on March 26, 2014 and assigned
Florida document number L14000052046.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

2950 Tamiami Trail N.

Suite 16

Naples, FL 34103

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2950 Tamiami Trail N.

Suite 16

Naples, FL 34103

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Matthew L. Grabinski, Esq.

New Registered Office Address:

4001 Tamiami Trail North, Suite 300

Enter Florida street address

Naples

, Florida

34103

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 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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|-----------------------|--|
| AMBR | Tom M. High | 800 Seagate Dr., #203 | <input type="checkbox"/> Add |
| | | Naples, FL 34103 | <input checked="" type="checkbox"/> Remove |
| MGR | Tom M. High | 800 Seagate Dr., #203 | <input checked="" type="checkbox"/> Add |
| | | Naples, FL 34103 | <input type="checkbox"/> Remove |
| AMBR | Edwin Croff, Jr. | 660 9th St. N., #34B | <input type="checkbox"/> Add |
| | | Naples, FL 34102 | <input checked="" type="checkbox"/> Remove |
| AMBR | Don Stevenson | 2950 Tamiami Trail N | <input type="checkbox"/> Add |
| | | Suite 16 | <input checked="" type="checkbox"/> Remove |
| | | Naples, FL 34103 | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 8, 2014.



Signature of a member or authorized representative of a member

MATTHEW GRABINSKI, Authorized Representative

Typed or printed name of signee

of a Member