

L14000080629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

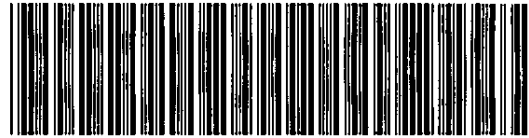
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Am

Office Use Only



900262389329

07/25/14--01013--001 **25.00

FILED
14 JUL 25 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUL 25 2014

LAIRD A. LILE, P.A.

ATTORNEY AND COUNSELLOR AT LAW
3033 Riviera Drive, Suite 104
Naples, Florida 34103

Laird A. Lile, Esq.

*Board Certified Attorney in
Wills, Trusts & Estates Law
Fellow of American College
of Trust and Estate Counsel*

Telephone 239.649.7778

Facsimile 239.649.7780

LLile@LairdALile.com

www.LairdALile.com

July 22, 2014

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 2396 13th Street North, LLC

Dear Sir or Madam:

Please find enclosed a Cover Letter and Articles of Amendment to Articles of Organization related to 2396 13th Street North, LLC. Our firm's check in the amount of \$25 for the filing fee is further enclosed. Thank you for your assistance.

Very truly yours,

Bettina R. Tippet
Legal Assistant

Enclosures

cc: Laird A. Lile, Esq.

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **2396 13th Street North, 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:

Patrick F. Mize

Name of Person

Laird A. Lile, P.A.

Firm/Company

3033 Riviera Drive, Suite 104

Address

Naples, Florida 34103

City/State and Zip Code

pmize@lairdalile.com

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

For further information concerning this matter, please call:

Patrick F. Mize

Name of Person

at **(239) 649-7778**

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**

2396 13th Street North, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/19/2014 and assigned Florida document number L14000080629.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
14 JUL 25 PM 1:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

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 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>
MGR	Maria Eaton	3033 Riviera Drive 104	<input type="checkbox"/> Add
		Naples, Florida 34103	<input checked="" type="checkbox"/> Remove
MGR	Laird A. Lile	3033 Riviera Drive 104	<input checked="" type="checkbox"/> Add
		Naples, Florida 34103	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)*

Four horizontal lines for amending information, crossed out with a large diagonal line.

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 July 10, 2014

(Handwritten signature of Laird A. Lile)

Signature of a member or authorized representative of a member

Laird A. Lile

Typed or printed name of signee

FILED
14 JUL 25 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA