

L140000 86668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

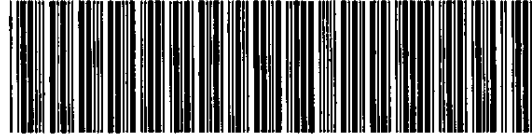
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 09 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Naples Visitors Guide, 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:

Christopher E. Mast, Esquir

\_\_\_\_\_  
Name of Person

Christopher E. Mast, P.A.

\_\_\_\_\_  
Firm/Company

1059 5th Avenue North

\_\_\_\_\_  
Address

Naples, Florida 34102

\_\_\_\_\_  
City/State and Zip Code

naplesdgs@gmail.com

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

For further information concerning this matter, please call:

Christopher E. Mast

239

434-5922

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

Christopher E. Mast, P.A.

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Christopher E. Mast, P.A.  
1059 5<sup>th</sup> Avenue North  
Naples, Florida 34102  
239/434-5922  
Fax: 239/434-6355  
Email: [chris@christophermastlaw.com](mailto:chris@christophermastlaw.com)  
[www.christophermastlaw.com](http://www.christophermastlaw.com)

May 2, 2016

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Dissociation of Member  
Articles of Amendment

Dear Sir or Madam:

Please find enclosed for filing a Dissociation and Registration of a Member along with articles of Amendment as to Naples Visitors Guide, LLC, along with my check in the amount of \$50.00 in payment of the filing fees.

If there are any questions, please do not hesitate to contact my office.

Sincerely,



Christopher E. Mast, Esquire  
Attorney at Law

CEM:am  
Enclosures

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

Naples Visitors Guide 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 May 29, 2014 and assigned  
Florida document number L14000086668.

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 contain 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)**

4300 Belair Lane

Unit 7

Naples, Florida 34103

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4300 Belair Lane

Unit 7

Naples, Florida 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: \_\_\_\_\_

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, enter the title, name, and address of each person 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	Lou Vlasho	6525 Crown Colony Place	<input checked="" type="checkbox"/> Add
		Unit 101	<input type="checkbox"/> Remove
		Naples, Florida 34108	<input type="checkbox"/> Change
Mgr	Reg Buxton	745 12th Avenue South	<input type="checkbox"/> Add
		Suite 114	<input checked="" type="checkbox"/> Remove
		Naples, Florida 34102	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** May 1, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 29, 1916

Paul Reed

Signature of a member or authorized representative of a member

Daniel G. Sheridan

Typed or printed name of signee

SECRET  
ALLAHABAD  
SECRETARY OF STATE  
ALLAHABAD, FLORIDA