114000093994

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	e #)
PICK-UP WAIT	MAIL
(Business Entity Nar	me)
(Document Number))
Certified Copies Certificate:	s of Status
Special Instructions to Filing Officer:	
	i

Office Use Only



700306896277

12/22/17--01005--011 **25.00

FILED

17 DEC 22 PM 12: 48

ALLAHASSE STORPA

J. LEGGETT

COVER LETTER

Division of Corp	oorations		
SUBJECT: Swe	Name of Limi		
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Clarissa A.	Borst	
		Name of Person	
		Firm/Company	
	17213 Wrigh	ley Circle	
		Address	
	Fort Myers, 7	Jori de 22908	
		City/state and Zip/Code	
	E-mail address: (t	O & 9/17 ail. com	ication)
For further information co	ncerning this matter, please ca	ıll:	
Clarista A.	Part	120 789-13	117
Name of	Person	at (<u>239</u>) <u>789- 65</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	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: 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

5 ... 1 /ifa / 11A

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	is as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>1400093994</u> .	were filed on Jime 11, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
-	- B T
	22 22
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ディー 年 第一 ②
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the n</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	L'ity Zin Conta

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:

•			1			
MGR =	Manager					
AMBR =	Authorized	Member	r			

<u>Title</u>	<u>Name</u>	Address	Type of Action
MCRM	Borst, Brien C.	17213 Wrigley Circle	🗆 Add
		17213 Wrigley Circle Fort Myers Florida 33908	⊞ Remove
			Change
			Remove
			Change
			🗆 Remove
			D Change
			□ Add
•			Remove
			Change
			Add
			Remove
		-	Change
			Add
			□ Remove
			🗆 Change

	·								
				<u></u> ,	, <u>-</u>	_			•
					-				
				<u>. </u>					
**							_		
					·				
		 _							
		<u> </u>			. =				
					<u>.</u>				
							1 	_	
						<u>·</u>	7.	7	
<u> </u>					·- <u>-</u>			<u> </u>	
								22	
				-				70	[]]
						<u> </u>	<u></u>	- 2	
							(<u> </u>	
fective date, if of melfective date is list	ther than the date of sted, the date must be specially this block do.	of filing: citic and c	annot be prio	r to date of li	ing or more than	(option 90 days after	nal) filing.) Pur	suant to	605.020
cument's effective	serted in this block doc e date on the Departme	ent of Sta	et the apphi ite's records	s.	ary ming redui	rements, this	date wiii	not be	ustea a
The 90th day a	es a delayed effec Ifter the record is	filed.			ctive time,	at 12:01 a	.m. on t	the ea	rlier (
w Decen	Signatu		2017	·					
icu									
	01	Soci	d-		entative of a me				

Page 3 of 3

Filing Fee: \$25.00