# L14000097559

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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J. HARRIS

## **COVER LETTER**

gistration Section /vision of Corporations

SULLECT: C. OUNTESV	Court Motel.	110.
9 9 9 9	Name of Limited Liability Company	<u> </u>

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Agha Name of Person
Courtesy Court Morel, LLC
1389 North Tamiani traid
Noith Fort Myers, FL 33903 City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

*	
Michelle and.	at(139) $U11 - 8 £ 92$
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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( Ourtesy Cou (Name of the Limit	fed Liability Company (A Florida Limited Liab	as it now appears on o	our records.)	
The Articles of Organization for this Limited L Florida document number	0097559 owing:		19-2614	and assigned
The new name must be distinguishable and contain the vertical new principal offices address, if applied (Principal office address MUST BE A STREET)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	eable: E <u>T ADDRESS)</u> -	Company," the designa	ation "LLC" or the ab	breviation "L.L.C."  5  NN 22  PM 4:  08
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	_	e address on our  I G G G  Senter Florida sti	aniam	the name of the new  1 trail  3 3 5 0 3  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.

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>	Name	Address	Type of Action	
	Farida Agha	North Fort M Deceased 2.	1 + a0 = Add 7 ers = 1 3 3 9 0 3 26 \ \( \sqrt{5} \) = Change	
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Effecti	ive date, if other than the date of filing: (optional)	
(If an eff Note:	ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	07 (3)(b) is the
docum	ent's effective date on the Department of State's records.	
tha	roud anacifica a delayed effective data, but not an effective time, at 12,01 a.m. on the earlier of	n.e.
) The	sord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	UI.
Dated	16.20.15,	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member  On the He Agha	

Page 3 of 3

Filing Fee: \$25.00