

**L14000135901**

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**S Warren**

**OCT 12 2016**

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Naples, Florida 34112  
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**Treiser**



**Collins**

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Christopher J. Thornton  
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Richard A. Shapack ♦  
Of - Counsel

October 11, 2016

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

RE: Rhodes Family Enterprises, LLC  
Amendment to Articles of Organization  
Our File 7268.002

To Whom It May Concern:

Accompanying please find the following:

1. Cover Letter;
2. Check to Department of State for \$55.00 for filing fees;
3. Original Articles of Amendment to Articles of Organization for Rhodes Family Enterprises, LLC;
4. Copy of Articles of Amendment to Articles of Organization for Rhodes Family Enterprises, LLC;
5. Return Federal Express Envelope and Label

Please return the certified copy of the Articles of Amendment to Articles of Organization in the Federal Express envelope and label provided for your use.

Please call if you have any questions regarding the enclosed.

Sincerely,

**TREISER COLLINS**

Deborah Needles  
Legal Assistant to Christopher J. Cona, Esq. and Thomas A. Collins, Esq.  
For the Firm  
e-mail: [dneedles@swflalaw.com](mailto:dneedles@swflalaw.com)

Enclosure

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rhodes Family Enterprises 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:

Chris Cona  
Name of Person

Treiser Collins  
Firm/Company

3080 TAMiami TRAIL E.  
Address

Naples, FL 34112  
City/State and Zip Code

CCONA@swflaaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Cona at 239 298-8385  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

~~XXXX~~

☒ \$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**

Rhodes Family Enterprises 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 8/29/14 and assigned Florida document number LM4000135901.

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)

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

(Mailing address MAY BE A POST OFFICE BOX)

**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*

*City*

*Florida*

*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>
CEO	Andrew C. Rhodes	12856 Bait Cypress Lane	<input type="checkbox"/> Add
		Naples, Fla 34119	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	Lynette K. Rhodes	12856 Bait Cypress Lane	<input type="checkbox"/> Add
		Naples, Fla 34119	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Howard Rhodes	3752 Casey Key Road	<input type="checkbox"/> Add
		NOKOMIS, Fla 34275	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MANAGER	Andrew Rhodes	12856 Bait Cypress Lane	<input checked="" type="checkbox"/> Add
		Naples, Fla 34119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

*[This section contains horizontal lines for amending information, which have been crossed out with a large diagonal line.]*

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

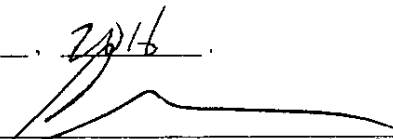
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 October 6, 2016.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Chris Cana - FBN 0141198; Attorney  
\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA