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COVER LETTER

Division of Corp			
SUBJECT:	Mco Sanib	el, LLC	
	Name of Lim	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	to the following:	
	Tanet	Faulk	
		Name of Person	
	M cos	Sanibel, LLC	7
		Firm/Company (
•	1520 Roya	Palm Sq Blva	1 Stello
·	<i></i>	Address	/
•	FORT MYE	ERS FL 33°City/State and Zip Code	719
	12.1	City/State and Zip Code	
	E-mail address: (988 © KW, to be used for future annual report notifi	Carion)
For further information ec	oncerning this matter, please ca		,
N 1	<i>i</i> - 0		
- Darlone	- Smith	at (<u>239</u>) <u>236</u> Area Code Daytime	- 4350
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	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 2664 Executive Center Circle Fallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2017 MOV 1.6 PM 2:21
TALLAHASSEE, FLORIDA

Mco Sa	Company as it now appears on our records.) Company as it now appears on our records.) Company as it now appears on our records.) Company as it now appears on our records.)
(<u>Name of the Limited Liability)</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L 14000 170 43</u> 2	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	(SS)
•	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses.	red office address on our records, <u>enter the name of the new</u> <u>ss here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	

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 **Address** Type of Action Title **Name** 409 Bayshore Dr XAdd
Cope Coral, Fr 3304 - Remove Joseph Kondall Smytro Zenezak 5451 Harburage Dr DAGO FORT MYERS FL 33908 KREMONE ☐ Change □ AdJ ☐ Remove ☐ Change _□ Remove _□ Change □ Add ☐ Remove □ Change

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f an effec	re date, if other than the date of filing: 11-13-17 (optional) etive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
docume ne reco	ord 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.
docume ne reco The S	
docume ne reco The S	90th day after the record is filed.

Page 3 of 3

Filing Fee: \$25.00