

15000002350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

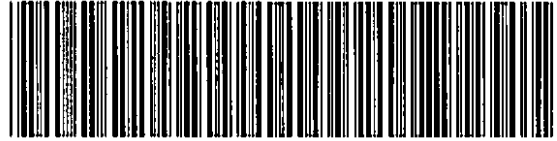
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

n BRUCE
JUL 28 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Spaulding Point Development, 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:

Bradley D. Friedman, Esq.
Name of Person
Conroy, Conroy & Durant, P.A.
Firm/Company
2210 Vanderbilt Beach Road, Suite 1201
Address
Naples, FL 34109
City/State and Zip Code
filings@naplespropertylaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradley Friedman at (239) 649-5200
Name of Person Area Code Daytime Telephone Number

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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**

Spaulding Point Development, 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 01/06/2015 and assigned Florida document number L15000002350.

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)

20443 Wildeat Run Drive

Estero, FL 33928

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20443 Wildeat Run Drive

Estero, FL 33928

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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:

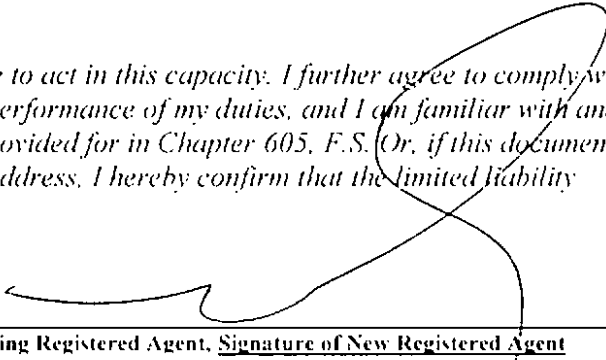
Name of New Registered Agent: J. Thomas Conroy, III

New Registered Office Address: 2210 Vanderbilt Beach Road, Suite 1201
Enter Florida street address

Naples, Florida 34109
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>
AMBR	Gaston, William	5181 Sand Dollar Lane	<input type="checkbox"/> Add
		Naples, FL 34103	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Howard, Jay	493 Carica Road	<input type="checkbox"/> Add
		Naples, FL 34108	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bremerman, Aaron	2280 Carter Street	<input type="checkbox"/> Add
		Naples, FL 34112	<input checked="" 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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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Lined area for amending information.

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

Dated July 18 2018

[Handwritten Signature]

Signature of a member or authorized representative of a member

Danville R. LEADSETTER

Typed or printed name of signer

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TALLAHASSEE FLORIDA

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