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| (Requestor's Name)                      |                   |             |
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| (Address)                               |                   |             |
| (Address)                               |                   |             |
| (Cit                                    | y/State/Zip/Phone | e #)        |
| PICK-UP                                 | WAIT              | MAIL        |
| (Bu                                     | siness Entity Nan | ne)         |
| (Do                                     | cument Number)    |             |
| Certified Copies                        | _ Certificates    | s of Status |
| Special Instructions to Filing Officer: |                   |             |
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### **COVER LETTER**

| Divi           | ision of Corp  | orations                                     |   |  |
|----------------|----------------|--|---|--|
| SUBJECT:       | 1480 Pelican   | Avenue, LLC                                  |   |  |
|                |                | Name of Limit                                | ted Liability Company   |  |
|                |                |  |   |  |
| The enclosed   | Articles of A  | mendment and fee(s) are subm                 | nitted for filing.  |  |
| Please return  | all correspond | dence concerning this matter to              | o the following:  |  |
|                |                | Rainer Filthaut                              |   |  |
|                |                |  | Name of Person  |  |
|                |                | IRC Investor Services, LLC                   |   |  |
|                |                | <del></del>                                  | Firm/Company  |  |
|                |                | 3838 Tamiami Trail North,                    | Suite 416   |  |
|                |                |  | Address   |  |
|                |                | Naples, FL 34103                             |   |  |
|                |                |  | City/State and Zip Code   | <del></del>  |
|                |                | rainer@inter-realty.com                      | - L   | 4:   |
|                |                |  | be used for future annual report notifica                           | tion)  |
| For further in | formation cor  | ncerning this matter, please cal             | ll:   |  |
| Rainer Filtha  | aut 12         | ~  | 239 213-4000<br>at ()   |  |
|                | Name of I      | Person                                       | Area Code Daytime To  | elephone Number  |
|                |                |  |   |  |
| Enclosed is a  | check for the  | following amount:                            |   |  |
| ■ \$25.00 F    | iling 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:

TO:

**Registration Section** 

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

## TO ARTICLES OF ORGANIZATION OF

| 1480 Pelican Avenue, LLC  |  |  |                  |
|---|--|--|------------------|
| ( <u>Name of the Limited Liability Cor</u><br>(A Florida Limit  | mpany as it now appears of<br>ted Liability Company) | on our records.                        |                  |
| The Articles of Organization for this Limited Liability Compa<br>Florida document number  | any were filed on                                    | ary 6, 2015                            | _ and assigned   |
| This amendment is submitted to amend the following:   |  |  |                  |
| A. If amending name, enter the new name of the limited l  | iability company here                                | <u>e</u> :                             |                  |
| Schipper Investment, LLC  |  |  |                  |
| The new name must be distinguishable and contain the words "Limited L   | iability Company," the desi                          | ignation "LLC" or the abbre            | viation "L.L.C." |
| Enter new principal offices address, if applicable:   |  |  |                  |
| Principal office address MUST BE A STREET ADDRESS   | <u> </u>   | ·                                      |                  |
|   |  | I <mark>A</mark> S                     |                  |
|   |  | <b>□</b>                               | =                |
| Enter new mailing address, if applicable:   |  | > Z<br>20 (1)<br>+ C<br>(0.2)          | <b>奇</b> :.      |
|   | -  | CA :                                   | <del></del>      |
| Mailing address MAY BE A POST OFFICE BOX)   |  | از فرر الم <del>حر</del><br>مرحة ليشيا | magna y w t      |
|   |  | TLOR                                   |                  |
| D 10  |  |  | <u>년</u>         |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address has been addressed. |  | our records, <u>enter th</u>           | e name of the    |
| egistered agent unavor the new registered office address i  | nere.  |  |                  |
| Name of New Projection of Assessed  |  |  |                  |
| Name of New Registered Agent:   |  |  |                  |
| New Registered Office Address:  |  |  |                  |
|   | Enter Florida  | a street address                       |                  |
|   |  | , Florida                              |                  |
|   | City   |  | Zip Code         |
| New Registered Agent's Signature, if changing Registered Age  | ent:   |  |                  |
| hereby accept the appointment as registered agent and a   | garee to act in this ca                              | nacity I further gares                 | to comply wit    |

If Changing Registered Agent, Signature of New Registered Agent

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.

# or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
|              |             |                | Add            |
|              |             |                | □ Remove       |
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| ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De | date of filing:  be specific and cannot be prior to date of filing or not deep not meet the applicable statutory filing partment of State's records. | (optional) nore than 90 days after filing.) Pursuant to 605.0207 ng requirements, this date will not be listed as |
| e record specifies a delayed<br>The 90th day after the reco  | effective date, but not an effective ord is filed.   | time, at 12:01 a.m. on the earlier of   |
| August 5 ated  | 2016   |   |
| <u> </u>   |  | 16 AU<br>SECIRL   |
|  | Signature of a member or authorized representative   | e of a member   |
| Rainer Filthaut  |  | 20 8  |
|  | Typed or printed name of signee  | STATE<br>1 ORIDA  |
|  |  | —————————————————————————————————————   |

Page 3 of 3

Filing Fee: \$25.00