*L15000042547

(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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2015 JUL 13 PH 2: 41

K.SALY EXAMINER JUL 15 2015

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	JH BECKEL Name of Limit	- 4 ASSOC 1ATSS, L. ted Liability Company	LC
The enclosed Articles of Art	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	JAS	Name of Person	
	JH BEC	SICEL & ASSOCIATES, Firm/Company	LLC
		ATION DELUZ SOU	
	MAPL GMC E-mail address: (to	ES, FL 34104 City/State and Zip Code BECKER @OUTL o be used for future annual report notifica	OOK, COM
For further information con-	cerning this matter, please ca		,
JASON Name of P	H BECKEL erson	at (<u>239</u>) <u>292 - 90</u> Area Code Daytime To	929 elephone 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

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JHBECKEL &	ASSOCIATES LLC Silver 18 PM 2:41
(Name of the Limited Liability Compa (A Florida Limited I	ASSOCIATES LLC Server ARY OF STATE Liability Company)
· ·	OSEF FI ORIDA
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number <u>L 50000 42547</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	150 AVIATION DRIVE SOUTH
(Principal office address MUST BE A STREET ADDRESS)	SWIT# 201 NAPLES, FL 34104
	NAPLES, FL 34104
10.4	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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	mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:					
MGR = Manager AMBR = Authorized Member		FILED 2015 JUL 13 PM 2: 41 Type of Action				
<u>Title</u>	<u>Name</u>	Address	SEURETARY OF STATE TALLAHASSEE, FLARIDA	Type of Action		
			TALLAHASSEE, FLARIDA			
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neffective of te: If the	te, if other than that is listed, the date in date in this effective date on the	nust be specific and or block does not me	cannot be prior to eet the applica	o date of filing or mo ble statutory filing	re than 90 days aff	tional) er filing.) Pursuant to 605.0 nis date will not be listed
	and the control of the	Department of St	um s recuius.			
record s he 90th	specifies a delay day after the re	ed effective da ecord is filed.	ate, but not	an effective tir	ne, at 12:01	a.m. on the earlier
ed	July 9,20) <u>IS</u> ,		1		
		Signature of a m	ember of author	ized representative of	f a member	
			<i>></i>	_		

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Filing Fee: \$25.00