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(R	(equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐	MAIL
(B	Business Entity Name)	
(Ď	Occument Number)	
Certified Copies	Certificates of Statu	rs
Special Instructions to	o Filing Officer:	

Office Use Only



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LAW OFFICE OF CONRAD WILLKOMM, P.A.

3201 TAMIAMI TRAIL NORTH • 2ND FLOOR • NAPLES, FLORIDA 34103

July 9, 2018

VIA UPS GROUND

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

RE: Matter: - LLC Filings -2030 Monroe Avenue, LLC File No. 18W-851-DB

To Whom It May Concern:

For the above referenced matter enclosed please find:

- Check No. 2685 in the amount of \$60.00, representing payment for the Filing Fee. Certificate of Status, and Certified Copy for 2030 Monroe Ave, LLC:
- Cover Letter for LLC; and
- Articles of Amendment to Articles of Organization.

If you have any questions, please do not hesitate to contact our office. Thank you for allowing us to be of service to you.

Respectfully.

LAW OFFICE OF CONRAD WILLKOMM, P.A.

Desirec' A. Boissiere

Legal Assistant

Enclosures

COVER LETTER

Division of Co	rporations		
2030 MO SUBJECT:	NROE AVENUE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Conrad Willkomm, Esq.		
		Name of Person	
-	Law Office of Conrad Wil	lkomm, P.A.	
		Firm/Company	
	3201 Tamiami Trail N., 2r	nd Floor	
		Address	-
	Naples, FL 34103		
		City/State and Zip Code	
	conrad@swtloridalaw.com		
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please concerning	all:	
Conrad Willkomm, Esc	} .	239 262-5303 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2030 MONROE AVENUE, LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number 1.15000162072	ompany were filed on September 23, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the a	abbreviation ::L.L.₽.
Enter new principal offices address, if applicable:		SION SION
(Principal office address MUST BE A STREET ADDR	ESS)	
		Y OF STATE
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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>	Name	<u>Address</u>	Type of Action
MGR	Barbara Moscardelli	2467 Pinewood Circle	
		Naples, FL 34105	Remove
			Change
MGR	Jennifer B. Miller	2467 Pinewoods Circle	∃ Add
		Naples, FL 34105	Remove
			Change
MGR	Jeffrey Moscardelli	1793 Smugglers Cove	= Add
		Naples, FL 34112	□ Remove
			Change
			Add
			Remove
			□ Change
	-		Add
			□ Remove
			Change
			□ Remove
			□ Change

1	This is a manager managed company. Any action taken on behalf of the company requires the consent of	
- t	both of the managers.	
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cili	ve date, if other than the date of filing:	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records.	e liste
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the easient of the record is filed.	arlie
ed į	6.29 2018	
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee