

L15000164336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

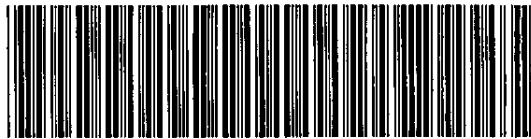
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 SEP 12 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shady Oaks of Naples 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:

Chris Conn

Name of Person

Treijer Collins PLL

Firm/Company

3080 Tamiami Trl E.

Address

Naples, FL 34112

City/State and Zip Code

Evankentek@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Conn

Name of Person

at (239)

Area Code

649-4900

Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

shady oaks of nap/e 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 9/28/15 and assigned Florida document number 615000164336.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

*941 North Collier Blvd
Marco Island, Fla 34145*

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

Area Code

Telephone Number

Facsimile Number

State

Country

Date

Sign

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.

N/A

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	Patrick Okenka	941 North Collier Blvd Marco Island, Fla 34145	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
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15
SECRETARY (S)
ALLAN S. SEE
12
Remove
3
Change
15
Add
FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

16 SEP 12 PM 3:15
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
) Pursuant to 605.0207 (3)

E. Effective date, if other than the date of filing: _____ (optional) 15
(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 the earlier of:
(b) The 90th day after the record is filed.

Dated August 29, 2016

Signature of a member or authorized representative of a member

Chris Con

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Filing Fee: \$25.00