15000/92988

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COVER LETTER

TO: Registration S Division of Co		
4MS VER	RMONT III LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	spondence concerning this matter to the following:	
	JAMES CAUDILL	
	Name of Person	
	WWMRG	15 PER SEC
	Firm/Company	87
	9045 STRADA STELL COURT, SUITE 400	23
	Address	P
,	NAPLES, FLORIDA 34109	16 OCT 20 PH 5: 02
	City/State and Zip Code	,
	martin.sibal@seznam.cz	
	E-mail address: (to be used for future annual report notification)	
For further information of	n concerning this matter, please call:	
JAMES CAUDILL	239 325-4070 at ()	
Name	e of Person Area Code Daytime Telephone Number	_
Enclosed is a check for t	r the following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing F Certificate of Status	Status &

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

4MS VERMONT III LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our record da Limited Liability Company)	<u> s.</u>)
The Articles of Organization for this Limited Liability Florida document number L15000192988	Company were filed on 11/16/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9100.00	<u>> 20</u>
(Principal office address MUST BE A STREET ADD	RESS)	8 52
	***	7 77
		0 000
Enter new mailing address, if applicable:		3 当
(Mailing address MAY BE A POST OFFICE BOX)	CONTRACTOR STATE OF THE STATE O	91 93
inures value beautiful and the beautiful beaut		8 <u>5</u>
B. If amending the registered agent and/or regi	istered office address on our records	s, enter the name of the nev
registered agent and/or the new registered office add	<u>dress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	'S
	. Fla	orida
	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>	Type of Action
MGR	Charles T. Matuszewski	4403 SW 11th Avenue	
		Cape Coral, Florida 33914	☐ Remove
			□ Change
			Add
			Remove
			16 Change AIRE TARY
			PRINCE STATE PRINCE PRINCE
			□ Change
			Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			Add
			Remove
			□ Change

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	Dated September 29th			س.	TI	\wedge			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00