

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : GUNSTER, YOAKLEY & STEWART, P.A. Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: patrick@emcyte.com

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Corporate Filing Menu

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ARTICLES OF	го			
THE FITZER GROUP, LLC (Name of the Limited Limbility Common (A Florida Limited	any as it now app	cars on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L15000206173</u>				nd assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited List	ility Company," th	e designation "LLC"	or the abbreviati	og "LL.C."
· · ·	13701 Magn	blia Lake Court	or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:		blia Lake Court	or the abbreviation	og *L.L.C.*
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13701 Magne Fort Myers, I	blia Lake Court	or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	13701 Magne Fort Myers, I	olia Lake Court 2L 33907 olia Lake Court	or the abbreviati	og *LL.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	13701 Magne Fort Myers, I 13701 Magne Fort Myers, I	olia Lake Court EL 33907 Olia Lake Court EL 33907		
The new name must be distinguishable and contain the words "Limited List Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	13701 Magne Fort Myers, I 13701 Magne Fort Myers, I	olia Lake Court EL 33907 Olia Lake Court EL 33907		

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 of this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lidbility company has been notified in writing of this change.

City

Fort Myers

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If Changing Registered Agent, S	ignature of New R	edister	A ARCEL		
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Page 1 of 3	RIAT	Ω1			
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Florida 33907

Zip Code

Title <u>Name</u> Address Type of Action MGR Patrick Pennie 13701 Magnolia Lake Court D Add Fort Myers, FL 33907 Remove Change AMBR Vivienne Pennie 13701 Magnolia Lake Court Add Fort Myers, FL 33907 C Remove 🖬 Change C Remove Change 🗖 Add C Remove Change 🖸 Add C Remove 2016 🗆 Change JAN ILASS NAT 30 <u>____</u> シ D Remov ç ORID Change

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

GUNSTER

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MGR = Manager

AMBR = Authorized Member

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

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Dated	January 25	<u> </u>	2016	501	>		2016 .	71
				VHC-			JAN	Chanada-
		Signature of a memb	er or authorize	d representative of	la member	SA SEX	2	- -
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	P	atrick Pennie				Fo		D
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Filing Fee: \$25.00