# L14000013731

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Decimos Line), value,
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900302280289

08/11/17--01011--024 \*\*25.00

2017 AUG 1 1 PM 2: 20

436 1 4 2017 J. HARRIS

### **COVER LETTER**

SUBJECT:S1	IIBONKOS U	SA, LLC	
<del></del>	Name of Lim	ited Liability Company	
		. (	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	DANIEL	M CUGIN)  Name of Person	
	<u>KIIIBOAT</u>	203 VSA, LL	
	, .		
	6819 I		RACE
		Address	
	MAPLE	J, FC 3410	5
	Decla R	City/State and Zip Code 111 BORRDS USR.	Tana
	E-mail address: (1	to be used for future annual report notific	cation)
For further information co	neerning this matter, please co	all:	
DANIEL M	CUGINI	a. (941), 315-	5000
Name of	Person	Area Code Daytime	Telephone Number
in and a second second second	. 6.11		
Englosed is a check for the \$25.00 Filing Fee	S30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
e S25300 ruing ree	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mallet	NC ADDRESS.	STDEET/COUDIE	D ADDDECC.

#### MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

Name of the Limite	U) H 7 d Liability Compa	ny as it now appears on our jability Company)	r records.)			
The Articles of Organization for this Limited Lia Florida document number <u>LIGOOOI</u>	ability Company			_ and assig	gned	
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designation	on "LLC" or the abbrev	viation "L.L	.c."	_
Enter new principal offices address, if applica	ıble:			<del></del> :	<u>-</u> -	_
(Principal office address MUST BE A STREET ADDRESS)			#17	- *- ;		
				2:,7	AUG	i - <u>-</u> -
				(A)		1
Enter new mailing address, if applicable:					<del></del>	- 77
(Mailing address MAY BE A POST OFFICE E	BOX)	<del></del> -	<del></del>		<u>1.5.</u> ⊐ự	- ;"** - ;"**
				<u> </u>	جم	_ ··
B. If amending the registered agent and/or registered agent and/or the new registered off			ecords, enter the	e name o	دی o <u>f the</u>	<u>new</u>
Name of New Registered Agent:	DANIG	DEL MAR	sir/1			_
New Registered Office Address:	68/1	DE NN/Z Enter Florida stree	ICRRA	1CE		_
	_NDF	City	, Florida <u>3 \</u>	1) 05		_
New Registered Agent's Signature, if changing R	egistered Agent:	Cily		np ( one		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete tered agent as p egistered office	performance of my du provided for in Chapter	ties, and Lam fam r 605, F.S. Or, if t	illar with his docun	and nent is	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = Au	thorized Member		
<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>ambr</u>	DHMIEL M CUGIMI	6919 DEC MOR TERRAC	-C 🗆 Add
			<b>№</b> Remove
			Change
2/AMBR	DANIEL M CUGINI	C819 DEL MARTERANCE NAPLES, FL 34105	ti Add
			Remove
			Change
	****		Add
			🗖 Remove
			Change
<del></del>			
			Remove
			Change
			□ Add
			Remove 20
			Change S
·			
			□ Remove !
			Change

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	<u> </u>		
		—	
		_	
		—	
		_	
		_	
(If an effective Note: If t	date, if other than the date of filing:		
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eath day after the record is filed.	arlier of:	
Dated	8/8 2017.		
	when in		
	Signature of a member or authorized representative of a member	- 	
	Divited m EUS/W/ Typed or printed name of signee	2017 AUG	i
			Carrier .
	Page 3 of 3	PH	9-7-
	Filing Fee: \$25.00	; ;;; ?:	7 ÷ 7***
		.: Po	