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(R	equestor's Name)	
(A	ddress)	
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· (C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
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SECRETARY OF STATE TALLAWYSS TO FLOATEN

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S. YOUNG

## **COVER LETTER**

Division of Co			
SUBJECT: E & R REA	ALTY GUMPTION, LLC  Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	_	
	Michael A. Scott, Esq		
•		Name of Person	
	The Dorcey Law Firm, PL	С	
		Firm/Company	
	10181 Six Mile Cypress Pa	arkway, Suite C	770
		Address	
	Fort Myers, FL 33966		16 MAR -1
	•	City/State and Zip Code	<u> </u>
	mike@dorceylaw.com	to be used for future annual report notific	$\frac{\mathbf{x}}{\omega}$
For further information of	concerning this matter, please ca	-	PH 3: 31
Michael A Scott		239 418-0169	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E & R REALTY GUMPTION, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000022995</u>	were filed on 02/02/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	4600 Summerlin Road C-2-507	
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33919	
Enter new mailing address, if applicable:	4600 Summerlin Road C-2-507	FALLA 16 M
(Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, FL 33919	<b>50</b> 55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	office address on our records, enter	the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	гір Соае

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
MGR	FUIRS, LLC	4600 Summerlin Road C-2-507	<b>_</b>
		Fort Myers, FL 33919	□ Remove
			Change
MGR 	PIPHER, ERIC M	4810 Sherry Lane	
		Fort Myers, FL 33908	B Remove
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated _	FEBRUARY DD , DOUG.

Page 3 of 3

Filing Fee: \$25.00