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# · COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marco Island Realty,	LLC
Name of Limite	d Liability Company
The enclosed Articles of Amendment a filing.	and fees(s) are submitted for
Please return all correspondence corfollowing:	ncerning this matter to the
Christopher A. Roche	
Name of Person	
Firm/Company	
229 N. Collier Blvd.	<u> </u>
Address	7
Marco Island, FL 34145	9
City/State and Zip Code	
Len@mymarcorealty.com	ure annual report notification)
E-mail address: (to be used for futu	ure annual report notification) 😅 🤮
For further information concerning a	ure annual report notification)
For further important concerning	
<u>Christopher A. Roche</u> a	ಕ <u>( 239 ) 389-0700</u>
•	Area Code Daytime Telephone Number
Name of Person	Alea code baytime lelephone Kumbel
Enclosed is a check for the following	ng amount:
x) \$25.00 { } \$30.00 Filing Fee Filing Fee & Certificate of Status	[ ] \$55.00 [ ] \$60.00 Filing Fee & Filing Fee, Certificat Certified Copy of Status & Certified (additional copy is enclosed) (copy (additional copy is enclosed)
Mailing Address:	Street/Courier Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, Florida 32314	2661 Executive Center Circle Tallahassee, Florida 32301
	1011000000 1101100 04001

#### ARTICLES OF AMENDMENT

TO

# ARTICLED OF ORGANIZATION

OF

### Marco Island Realty, 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 January 27, 2016 \_\_\_\_ and assigned Florida document number L16000023978\_.

A. If amending the name, the new name of the company is: (enter new name here):

The mailing address and street address of the principal office of the Limited Liability Company is:

# Principal Office Address:

(must be a street address) 601 E. Elkcam Circle, Unit C5

Marco Island, FL 34145

# Mailing Address:

601 E. Elkcam Circle, Unit C-5 Marco Island, FL 34145

B. If amending the registered agent and/or registered office on our records:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name of the new registered agent and Florida street address of the registered agent are:

Christopher A. Roche

Name

229 N. Collier Blvd.

Florida Street Address (P.O. Box NOT accepted)

Marco Island, FL 34145 City

. 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 address, I hereby confirm that the limited liability company has been notified in writing of this change.

stered Agent's Signature (REQUIRED)

# (CONTINUED)

C. If amending the Authorized Person(s) authorized to manage:

<pre>Title: "MGR" = Manager "AMBR" = Authorized Member</pre>	Name and Address
"AMBR" = Authorized Member	
MGR	Type of Action: Add: Leonard Bubri 601 E. Elkcam Circle, Unit C-5
	Marco Island, FL 34145
AMBR	Remove: R. William Powell, Jr. 9279 Museo Circle, #204 Naples, FL 34145
D. If amending any other information	on, enter change(s) here:
Statutes Chapter 605 and as a manager shall have the legal legal documents whatsoever on resolution or examination of necessary to confirm the auth authority to execute legal do or transaction. The company of Agreement as of June 17, 2019  E. Effective date, if other than the (If an effective date is listed, the date	egal powers as set forth in Florida mended. Additionally, any one authority to execute any and all behalf of the company. No company the Operating Agreement shall be sority of any one manager's legal cuments in any particular instance loes not operate under an Operating as none exists.  The date of filing(OPTIONAL ate must be specific and cannot be more than 90.
days after the date of filing.)  Dated June 17, 2017  REQUIRED SIGNATURE:	via Roli
(In accordance with Chapte the execution of the doce the penalties of perjury I am aware that any false	ument constitutes an affirmation under that the facts stated herein are true. e information submitted in a document te constitutes a third degree felony as

Denise Bubri
Typed or printed name of signee

Filing Fees:

Filing Fee \$25.00

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