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COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT:	849 MONT	CLAIRE COURT, LLC				
_		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return a	all correspo	ndence concerning this matter	to the following:			
		Michael A. Scott, Esq				
			Name of Person			
•		The Dorcey Law Firm, PL	С			
			Firm/Company			
		10181 Six Mile Cypress Pa	arkway, Suite C			77.
			Address		G TK	1
		Fort Myers, FL 33966			16 香粉 - 1	est.
			City/State and Zip Code			`.
		mike@dorceylaw.com			1 4	
		E-mail address: (to be used for future annual report notifi	cation)	PH 3: 34	3
For further inf	formation c	oncerning this matter, please ca	all:		<u> </u>	
Michael A Sc	cott		239 418-0169 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl		

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

849 MONTCLAIRE COURT, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 02/09/2016	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "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	15 KB		
(Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, FL 33919	7 32		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the nev		
Name of New Registered Agent:		»*		
New Registered Office Address:	Enter Florida street address			
	, Florida	Zin 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	FUIRS, LLC	4600 Summerlin Road C-2-507	■ Add
		Fort Myers, FL 33919	_ □ Remove
			☐ Change
'MGR	PIPHER, ERIC M	4810 Sherry Lane	
		Fort Myers, FL 33908	■ Remove
		·	☐ Change
			□ Add
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	es a delayed effectivater the record is file		not an effectiv	/e time, at 12:01	. a.m. on the earlier
ated FFBN	pry 22				
					
	Signatura	of a member or a	thor zed representa	ntive of a member	

Page 3 of 3

Filing Fee: \$25.00