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COVER LETTER

TO:	Registration Se Division of Cor			
eud II	NAPLES R	ENTAL #1, LLC		
SUBJE	.cr:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		ROY GEIGEL		
			Name of Person	
			Firm/Company	
		1375 GULFSHORE BLVI	D S	
			Address	
		NAPLES, FL 34102		
			City/State and Zip Code	
		darandroy@gmail.com		
For fur	ther information c	oncerning this matter, please c	to be used for future annual report notifall:	ication)
МІСН	ELLE BILLIE, CF	PA	239 352-3119 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	i.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)

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

NAPLES RENTAL #1, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number £16000033513	Company were filed on 2/17/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
		<u> </u>
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the a	abbreviation ASL.C."
Enter new principal offices address, if applicable:		= 5 m
(Principal office address MUST BE A STREET ADE	DRESS)	- 32
		<u> </u>
		ī, E
Enter new mailing address, if applicable:		#
Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address on our records, <u>enter</u> dress here:	the name of the new
Name of New Registered Agent:		
Name of New Registered Agent.		_
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip 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

WAIDK -	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
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Typed or printed name of signee

Filing Fee: \$25.00