

L16000036843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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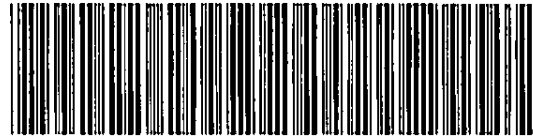
(Business Entity Name)

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SALT LAKE COUNTY, UTAH
CLERK OF COURT

S. WARREN

AUG 25 2017

3080 Tamiami Trail East
Naples, Florida 34112
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Richard M. Treiser
Thomas A. Collins, II ■
Christopher J. Cona
Robert A. DeMarco ✱
Bradley S. Donnelly ♣
Christopher J. Thornton
Mary A. Fowler
Valerie K. Downing

Richard A. Shapack ♦
Of - Counsel

August 22, 2017

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

RE: Crosswinds Naples I LLC
Amendment

To Whom It May Concern:

Accompanying please find the following:

1. Cover Letter;
2. Check to Florida Department of State for \$25.00 for filing fees;
3. Articles of Amendment to Articles of Organization

Call if you have any questions regarding the enclosed. Thank you.

Sincerely,

TREISER COLLINS

Deborah Needles

Legal Assistant to Christopher J. Cona, Esq. and Thomas A. Collins, Esq.

For the Firm

e-mail: dneedles@swflalaw.com

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crosswinds Naples I LLC, a Florida limited liability company

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher J. Cona, Esquire

Name of Person

Treiser Collins

Firm/Company

3080 Tamiami Trail East

Address

Naples, Florida 34112

City/State and Zip Code

ccona@swflalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Needles

239 298-8389
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Crosswinds Naples I LLC, a Florida limited liability company

(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 February 22, 2016 and assigned
Florida document number L16000036843.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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IN AND FOR THE COUNTY OF
DADE, FLORIDA

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>	<u>Type of Action</u>
AMBR	EMM Investment Trust dtd 3/12/97	2325 Lantern Lane	<input type="checkbox"/> Add
		Naples, FL 34102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stephen L. Peel	2244 Trade Center Way	<input type="checkbox"/> Add
		Naples, FL 34102	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EMM Investment Trust dtd 3/12/97	2325 Lantern Lane	<input checked="" type="checkbox"/> Add
		Naples, FL 34102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephen L. Peel	2244 Trade Center Way	<input checked="" type="checkbox"/> Add
		Naples, FL 34102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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NAPLES, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

August 21, 2017

Christopher J. Cona, Esquire

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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