## LICOCO TILOCOL

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	· 
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	<del>-</del>
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	
		:
		- - - - -

Office Use Only



600290299276

09/26/16--01022--007 \*\*25.00

2016 NEP 28 P 6: 14

D. BRUCE SEP 28 2016

## **COVER LETTER**

Div	ision of Corp	orations <sup>'</sup>			
SUBJECT:	Naples Exca	vating, LLC			
seboler.		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Michael D. Gentzle, Esq.			
			Name of Person	· · · · · · · · · · · · · · · · · · ·	
		Coleman, Yovanovich & I	Koester, P.A.		
			Firm/Company	<del></del>	
		4001 Tamiami Trail North	, Suite 300		
			Address		
		Naples, FL 34103			
			City/State and Zip Code		
		E-mail address: (	to be used for future annual report notifica	ation)	
For further in	nformation cor	ncerning this matter, please ca	all:	2018 SEP	**
Michael D. 0	Gentzle, Esq.		239 435-3535 at ()	45 P	Thereses
	Name of I	Person		'elephone Number	D
Enclosed is a	check for the	following amount:		400 T	
■ \$25.00 F	iling 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:** 

TO:

Registration Section

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

•	xcavating, LLC	
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our rec led Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa	any were filed on April 18, 2016	and assigned
Florida document number L16000071662		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
		201
		The second second
Enter new mailing address, if applicable:		100 Paris
(Mailing address MAY BE A POST OFFICE BOX)		
		7
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have been supported as a support of the new registered office address have been supported as a support of the new registered of the new registered of the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered agent and/or the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered of the new registered agent and/or the new registered agent		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	City	Zip Code

If Changing Registered Agent, Signature of New 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 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
AMBR	Gisela Knauf	5640 Taylor Road, Suite 3	■ Add
		Naples, FL 34109	□ Remove
			Change
AMBR	Marcos Pinto	5640 Taylor Road, Suite 3	Add
		Naples, FL 34109	□ Remove
		<del>.</del>	Change
		<del></del>	□ Remove
			☐ Change
			☐ Add
			G-Add
			Remove
			☐ Change
			Add
			□ Remove
			□ Change

		<u> </u>			
	<del></del>		-		
					—
					<del></del>
			<u> Z</u>	20	
			<u> </u>	ars con	
		. <u></u> . <u>-</u> .		8	
•			200 1747 1747	2	947 F38134 2 -4 4886 4
	-			<u>o</u> -	
			والمراجع المراجع	$\sigma$	Kar measure.
			<u> </u>	<u>ċ.</u>	
			<u> </u>		
			• .	<u> </u>	
ective date, if other than the date of filing:		(4	2 IN		
effective date is listed, the date must be specific and cannot be prior to d	late of filing or mo	(opt re than 90 davs afte	<b>ional)</b> er filing.) P	ursuant t	o 605.02
e: If the date inserted in this block does not meet the applicable	statutory filing	requirements, th	is date wi	ll not be	e listed
ument's effective date on the Department of State's records.					
record specifies a delayed effective date, but not a	n effective tii	me, at 12:01	a.m. or	the e	arlier
he 90th day after the record is filed.					
September 14, 2016 2016					
7,7	• •				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00