# L16 000 143 545

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500335288735

10/15/19--01009--014 \*\*35.00

2019 HOV 1 4 AH 8: 2



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

November 4, 2019

104 - 5 <u>2</u>519

KERRI HALL 12810 TAMIAMI TRAIL N STE 200 NAPLES, FL 34110

Cleveland Construction, Inc., Naples

SUBJECT: SMALL BROTHERS MARCO MANAGING MEMBER LLC

Ref. Number: L16000143545

We have received your document for SMALL BROTHERS MARCO MANAGING MEMBER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 419A00022749

#### **COVER LETTER**

то:		tration Sect on of Corpo							
e1(D107		Small Brothers Marco Managing Member, LLC  Name of Limited Liability Company							
SUBJEC	: <u> </u>								
The encl	losed A	rticles of A	mendment and fee(s) are sub	mitted for filing.					
Please re	eturn al	l correspond	lence concerning this matter	to the following:					
			Kerri Hall						
				Name of Person					
	Peak Realty Partners, LLC								
				Firm/Company					
	Address  Naples, Florida 34110  City/State and Zip Code khall@clevelandconstruction.com								
				to be used for future annual repo	ort notification)				
For furth	ier info	rmation con	cerning this matter, please co	ıll:					
Kerri Ha	all			239 431-4					
		Name of F	Person	Area Code	Daytime Telephone Number				
Enclosed	l is a cl	neck for the	following amount:						
	00 Filii	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$60.00 Filing Fee.  Certificate of Status of Certified Copy (additional copy is enclose)				

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

Small Brothers Marco Managing Member, 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 July 28, 2016 and assigned Florida document number | L16000143545 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 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 Cin

#### 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 by removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Small Brothers Marco, LLC	12810 Tamiami Trail North	□ Add
		Suite 200	<b></b>
		Naples, Florida 34110	
AMBR	Jon Small	12810 Tamiami Trail North	Add
		Suite 200	
		Naples, Florida 34110	
AMBR	James W. Small	12810 Tamiami Trail North	П. М
		Suite 200	<b>5</b> .0
		Naples, Florida 34110	Change
			□ Add
			□ Remove
			□ Change
			□ Remove
			Change
			Add
			□ Remove
			□ Change

·		
		······································
_	<u> </u>	
<u> </u>		
-		
<del></del>		
-11.1.		
(If an effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	lock does not meet the applicab	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) oble statutory filing requirements, this date will not be listed as the
If the record specifies a delayed (b) The 90th day after the rec		an effective time, at 12:01 a.m. on the earlier of:
November 11 Dated	2019	
dysn		- ·
•	Signature of a member or authori	ized representative of a member
James Small		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00