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COVER LETTER

TO: Registration Section Division of Corporations

NON STOP NAPLES, LLC Name of Limited Liability Company SUBJECT: The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: BELLE FAITR GRAVES BELLE FAIR GRAVES, PA 4940 WEST BLVD NAPLES FL 34103 City/State and Zin Code BELLEFAIR COMAIL. COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BELLE FAIR GRAVES at (239) 4811-4068 Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

🕅 - S25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

S55.00 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

	AMENDMENT	Ň
		FIL C
	ORGANIZATION OF	2017 51
	Ur	JUL -5 0
NUN STOP NAPU (Name of the Limited Liability Comp (A Florida Limited	ES LLC pany as it now appears on our record Hiability Company)	EN STELFLORID
The Articles of Organization for this Limited Liability Compar Florida document number $\underline{\square \psi 000167 \psi 28}$.	iv were filed on 9816	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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 registered agent and/or the new registered office address he		s, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Press Ph. St. A. A. D.	
	Enter Florida street addres	
	, FI	orida Zin Code
New Registered Agent's Signature, if changing Registered Agen		,

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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	ANDREW BUDZ	5017 MABRY DR	🗆 Add
		NAPLES, FL 34112	Remove
			🗅 Change
MGR	JOHN D. SULLIVAN	4940 WEGT BLVD	X Add
		NAPLES, FL 34103	Remove
		<u> </u>	🖸 Change
			O Add
			200 JUL age Change 3: 00 Add 3: 00 Ref JUL age
			Change
			🖸 Add
			E Remove
			Change
			🖸 Add
			_ 🗖 Remove
			_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _________________(optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated	6128		
	,	R.M. Zer	
		Belle Frem Signature of a member authorized representative of a member	
		BELLE FAIR GRAVES	
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00