

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:

Division of Corporations  
 Fax Number : (850) 617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL  
 Account Number : 076666002273  
 Phone : (904) 398-3911  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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2016 NOV -7 AM 11:47

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**ESTERO BAY CAPITAL PARTNERS, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

D. BRUCE  
 NOV 08 2016

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ESTERO BAY CAPITAL PARTNERS, 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 October 17, 2016 and assigned  
Florida document number L16000191786

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 office 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

Nov. 7. 2016 11:35AM

No. 0680

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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>                      |
|--------------|-----------------------------|------------------------------------------|--------------------------------------------|
| MGR          | W. D. Willis, LLC           | 1614 Colonial Blvd, Fort Myers, FL 33907 | <input type="checkbox"/> Add               |
|              |                             |                                          | <input checked="" type="checkbox"/> Remove |
|              |                             |                                          | <input type="checkbox"/> Change            |
| MGR          | W.U. Willis Properties, LLC | 1614 Colonial Blvd, Fort Myers, FL 33907 | <input checked="" type="checkbox"/> Add    |
|              |                             |                                          | <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            |
|              |                             |                                          | <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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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**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.

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

Dated, November 7, 2016

Signature of a member or authorized representative of a member

Jeffrey Stultz

Typed or printed name of signer

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