Farr Law Firm NOV/08/2018/THU 01:50 PM

5500548200

ENV/TV)

#### TRANSACTION REPORT

OCT/09/2018/TUE 01:50 PM

#	DATE	START T.	RECEIVER	· <u></u>	COM. TIME	PAGE	TYPE/NOTE		FILE
001	OCT/09	01 9모범	185061,70383		0:00,:59	5.3	MEMORY OK	563	3815
	Divi	sion <u>I Co</u> r	perefidus	OU.			C	Page 1 o	f 2

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002934073)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

LC)

Ġ.

Division of Corporations

Fax Number : (850) 617-6383

From:

: THE FARR LAW FIRM Account Name

Account Number : 103654001666

: (941)639-1158

: (941)639-0028

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please, \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAH ALICO INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

(((H18000293407 3)))

## **COVER LETTER**

	legistration Se Pivision of Co					
0 V ID 4TC 678		CO INVESTMENTS LLC				
SUBJECT	l:	Name of Lix	nited Liability Company			
The enclos	sed Anicles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	un all correspo	ondence concerning this matter	to the following:			
		Jack O. Hackett II				
		· ~ .	Name of Person			
		Farr Law Firm			h.:.h	• •
			Finn/Company	<del></del>	`. <del></del>	
		99 Nesbit Street			CO	
		<del></del> -	Address		コー	
		Punta Gorda, FL 33950			ر: د:	
			City/State and Zip Code		-	
		jjayne@farr.com				
For further	r information c	E-mail address: ( concerning this matter, please c	to be used for future annual report notified.	Scation)		
Jack O. Ha		ζ	941 639-1158			
	Name o	f Person	at ()	e Telephone Number		
Enclosed is	s a check for th	he following amount:				
□ <b>\$2</b> 5.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee Certificate of St Certified Copy (additional copy is a	atus &	
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor- Clifton Building 2661 Executive Ce, Tallahassee, FL 32	n ations nter Cirole		

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H180002934073)))

MAH ALICO INVESTMENTS LLC		<del></del>
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	İ
The Articles of Organization for this Limited Liability (Florida document number L17000011198	Company were filed on January 18, 2017	and assigned
Jorda egeument number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
<u> </u>		~ 7
he new name must be distinguishable and contain the words "Lis	mited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		, 1240 
Principal office address MUST BE A STREET ADD	RESS)	[.]
		J
		Ų.
		13
Enter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or regi	ttered office address on our records	enter the name of the no
egistered agent and/or the new registered office add		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<del></del>
	. Flori	ida
	City	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

Page 1 of 3

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>	Address	Type of Action
MGR	Michael A. Horan	One Ajax Drive	
<del></del>		North Venice, FL 34275	
			Remove
			Change
AMBR	API Properties, LLC	One Ajax Drive	
		North Venice, FL 34275	
		Notes venue, 12 34213	Pemove
			Change
		· · · · · · · · · · · · · · · · · · ·	
			□ Change
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			□ Change

	-			_
				_
	<del></del>	<del></del>		-
		<u> </u>		_
<del></del>	<u> </u>			_
	<u> </u>			_
				_
		<del></del>		_
				_
			i	<b>-</b> .
				<i>-</i>
			٠	
			<del></del>	-
				_
			Ģ.	٠.
			N)	_
		<u></u>		_
fective date, if other than the date in effective date is listed, the date must be spote:  If the date inserted in this block document's effective date on the Department.	ecific and cannot be prior to ses not meet the applicab	date of filing or more than 90 le statutory filing requirem	(optional) days after filing.) Pursuant to 60 ents, this date will not be lis	05.02( sted a
record specifies a delayed effe The 90th day after the record l		an effective time, at 1	12:01 a.m. on the ear	lier
ned Dorosera 9	2018	٠.		
Michael 9	forcar- idre of a member or authori	zed representative of a membe	n	
- ( J.L				

Page 3 of 3

Filing Fee: \$25.00