

L17000018367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

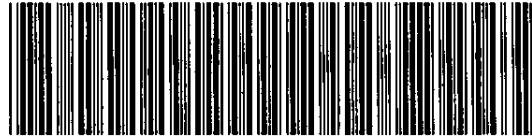
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JAN 30 P 2:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

S Warren

JAN 31 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2684 HORSESHOE DRIVE S LIMITED LIABILITY COMPANY  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL A. DURANT, ESQ.

Name of Person

CONROY, CONROY & DURANT, P.A.

Firm/Company

2210 VANDERBILT BEACH ROAD, SUITE 1201

Address

NAPLES, FL 34109

City/State and Zip Code

tiffany.guido@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL A. DURANT

239

649-5200

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2684 HORSESHOE DRIVE S LIMITED LIABILITY COMPANY

(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 01/20/2017 and assigned  
Florida document number L17000018367.

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 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)

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TALLAHASSEE, FLORIDA

**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: MICHAEL A. DURANT


New Registered Office Address: 2210 VANDERBILT BEACH ROAD, SUITE 1201

*Enter Florida street address*

NAPLES, Florida 34109  
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

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>
MBR	GUIDO, TIFFANY A	2684 HORSESHOE DR S	<input type="checkbox"/> Add
		NAPLES, FL 34104	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUIDO, TIFFANY A	2684 HORSESHOE DR S	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34104	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUIDO, FRANK	2684 HORSESHOE DR D	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34104	<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

FILED  
 OCT 17 2018  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

[illegible]

**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.

Typed or printed name of signee

**Filing Fee: \$25.00**

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JUN 10 P 2:16  
CLERK OF DISTRICT COURT  
JANUARY, FLORIDA