L17000028293

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Division of Cor	porations		
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SUBJECT.	Name of Limi	ted Liability Company	
(0)		artina de Care Ottana	
The enclosed Afficies of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ronak Patel		
		Name of Person	
	Fort Myers Investments Gr	oup LLC	
		Firm/Company	
	9365 Via Murano Ct		
		Address	
	Fort Myers, FL 33905		
		City/State and Zip Code	
	ronypatel@yahoo.com	10-0	
		to be used for future annual report not	tification)
For further information of	concerning this matter, please ca	all:	
Ronak Patel		732 610-6962	
Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ S25.00 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:

TO:

Registration Section

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

Fort Myers Investment Group LLC		
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)	_
The Articles of Organization for this Limited Liability Company were file Florida document number L17000028293	ed on February 7, 2017 an	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	<u>ıpany here</u> :	
Fort Myers Investments Group LLC		
The new name must be distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· ·	
		لكان مورين <u>دي</u>
Enter new mailing address, if applicable:		- P
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5:50
B. If amending the registered agent and/or registered office address here:	dress on our records, enter the na	ame of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Y71 * 1	
Cin	, Florida	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>	Address	Type of Action
			□ Remove
			Change
			□ Add
			Remove
			☐ Change
			☐ Remove
		 	□ Change
			
			☐ Remove
			Change
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			Change

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ffective date, if other than the	date of filing:	of filing or more than 90 days after filing.)	D
Note: If the date inserted in this blocument's effective date on the D	ock does not meet the applicable sta	atutory filing requirements, this date v	vill not be liste
e record specifies a delayed The 90th day after the rec		effective time, at 12:01 a.m. o	on the earlie
Pated February 9	2017		
	Signal the of a margher or authorized to		
	BINCON CONTRACTOR		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00