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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SELECTARY OF STATE
TAIL MINSSITE FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	-
The Articles of Organization for this Limited Liability Company were filed on 2/20/17 and		
orida document number L17000039826		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	sility company here:	
n ancionig name, enter the new name of the timined has	mity company nere.	
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	1110 Pine Ridge Road	
rincipal office address MUST BE A STREET ADDRESS)	Suite 203	
	Naples, FL 34108	
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
manny uniterior (200 100 10 10 10 10 10 10 10 10 10 10 10		
If amending the registered agent and/or registered o	ffice address on our records anto	w the name of the
- II AMENDING THE REGISTERED AGENT ANDVOL REVISIEREN U	mice address on our records, eme	er the hange of the
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gistered agent and/or the new registered office address her	<u>re</u> :	
gistered agent and/or the new registered office address her	<u>re</u> :	17 FAI
<u>Name of New Registered Agent</u> :	<u></u>	17 00 SEL-1
gistered agent and/or the new registered office address her		17 001 2 SEL-CIPE TAILLNESS
<u>Name of New Registered Agent</u> :	Enter Florida street address	17 001 25
<u>Name of New Registered Agent</u> :	Enter Florida street address , Florida	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address, Florida City	17 OCT 25 AU 11:
<u>Name of New Registered Agent</u> :	Enter Florida street address, Florida City	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida City ree to act in this capacity. I further a	rzip Code 30 comply with and familiar with and

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
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		RIDA	<u>ب</u>
			
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(If an effec	e date, if other than the date of filing: ive 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
Note: If	the date inserted in this block does not meet the applicable statutory t's effective date on the Department of State's records.	filing requirements, this date will not be liste	ed as th
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the reco	rd specifies a delayed effective date, but not an effecti	ve time, at 12:01 a.m. on the earlie	er of:
	Oth day after the record is filed.	,	
Dated _			
Dated _	Signature of a member or authorized representation		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00