

1170000 45983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

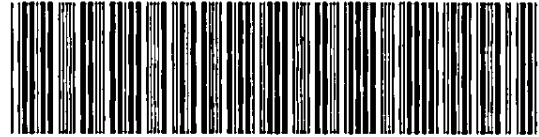
(Business Entity Name)

(Document Number)

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FILED  
2019 MAR 19 P 1:36  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

MAR 29 2019  
T. LEMIEUX



Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Attached please find a check and documentation for removing an AMBR from our limited liability corporation, Patina Design, LLC.

Feel free to reach out to me personally for any questions in regard to this matter.

Karen Ann Abell

A handwritten signature in black ink, appearing to read "K. Abell", written in a cursive style.

Owner  
Patina Collection | Design  
239-218-6458  
[www.patinacollection.com](http://www.patinacollection.com)  
[karen@patinacollection.com](mailto:karen@patinacollection.com)

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Patina Design, LLC  
\_\_\_\_\_  
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:

Karen Ann Abell

\_\_\_\_\_  
Name of Person

Patina Design

\_\_\_\_\_  
Firm/Company

944 5th Ave N.

\_\_\_\_\_  
Address

Naples, FL 34102

\_\_\_\_\_  
City/State and Zip Code

karen@patinacollection.com

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

For further information concerning this matter, please call:

Karen Ann Abell                      239              3000092  
\_\_\_\_\_  
Name of Person                      at (              )              Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FILED

Patina Design, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

MAR 19 2 1:36  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/27/2017 and assigned  
Florida document number L17000045983

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)**

**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*

\_\_\_\_\_, Florida

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>                      |
|--------------|----------------|------------------|--|
| AMBR         | Wanda Pfeiffer |                  | <input type="checkbox"/> Add               |
|              |                | 171 18TH ST, NE  |  |
|              |                | NAPLES, FL 34120 | <input checked="" type="checkbox"/> Remove |
|              |                |                  | <input type="checkbox"/> Change            |
|              |                |                  | <input type="checkbox"/> Add               |
|              |                |                  | <input type="checkbox"/> Remove            |
|              |                |                  | <input type="checkbox"/> Change            |
|              |                |                  | <input type="checkbox"/> Add               |
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|              |                |                  | <input type="checkbox"/> Change            |
|              |                |                  | <input type="checkbox"/> Add               |
|              |                |                  | <input type="checkbox"/> Remove            |
|              |                |                  | <input type="checkbox"/> Change            |

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**E. 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.

Dated 3/15/2019, \_\_\_\_\_

Karen Ann Abell

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**Filing Fee: \$25.00**