3/30/2017



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To:

Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : BRENNAN, MANNA AND DIAMOND, P.L.

Account Number : I20050000098 Phone : (239)992-6578

Fax Number : (239)992-9328

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

Email Address: aableggiabnd pl. com

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALLIGATOR TRAIL TWO LLC

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## COVER LETTER

TO:		istration Sc Islon of Cor			,		
SUBJECT:		ALLIGATO	OR TRAIL TWO LLC				
0000	.C.1,	Name of Limited Liability Company					
			Amendment and fee(s) are sub indence concerning this matter	_			
			ADAM A. BLEGGI				
				Name of Person			
BRENNAN, MANNA & DIAMOND, P.L.							
Firm/Company							
	27200 RIVERVIEW CENTER BLVD., SUITE 310						
				Address		<del></del> ,	
		•	BONITA SPRINGS, FL 3	4134			
			AABLEGGI@BMDPL.CO				
			E-mail address: (	ication) ASS			
For fur	ther in	formation c	oncerning this matter, please c	all:		MAR AHA	
ADAM	BLE	GGI	·	239 at ( )	992-3897	TARY ASSE	
	•	Name o	f Person	Area Code	Daytime	Telephone Number (10)	
Enclose	d is a	check for th	ne following amount:			50 Right	
\$25	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy i	<i>f</i>	Certificate of Status & Certified Copy (additional copy is enclosed)	
		MAIL	ING ADDRESS:	STR:	EET/COURT	ER ADDRESS:	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLIGATOR TRAIL TWO LLC							
(Namo of the Lim	ted Liability Compa (A Florida Limited	ny as it now appea Liability Company)	rs on our records.)				
				and assigned			
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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  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 office address here:  Name of New Registered Agent:  New Registered Office Address:  27200 RIVERVIEW CENTER BLVD.  SUITE 310  BONITA SPRINGS, FL 34134  Enter new mailing address may be a post of the new registered office address on our records, enter-the name of the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  27200 RIVERVIEW CENTER BLVD., SUITE 310							
A. If amending name, enter the new name of	f the limited liab	oility company h	<u>ere</u> :				
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the	designation "LLC" or the	abbrevis	ation "L.L.	.C."	
Enter new principal offices address, if applicable:		27200 RIVERVIEW CENTER BLVD.					
• •		CTUME 610					
	BONITA SPRINGS, FL 34134						
Enter new mailing address, if applicable:		27200 RIVERS	view center blv	D.			
	BOX)	SUITE 310					
			n our records, <u>ent</u>	APP e>≠thè_	name o	f fie hev	
registered agent and/or the new registered of	ffice address her	<u>:e</u> :		L412		 	
Name of New Registered Agent: BRENNA		IANNA & DIAM	OND, P.L.	<u> </u>	_	Ö	
New Registered Office Address:	27200 RIVERVIEW CENTER BLVD., SUITE 310		콘플	• •			
		Enter Flo	rida street address	<b>)&gt;</b>			
	BONITA SPRI	<del></del>	, Florida	34134			
		City 1.		Zi	p 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>	Name	Address **	Type of Action
MGR	RICHARD S. ANNUNZIATA	239 FAIRWAY CIRCLE	<b>≅</b> A₫d
	·	NAPLES, FL 34110	□ Remove
			Change
MGR	ELLIOT SMERLING	4095 STATE RD 7 L-306	
		WELLINGTON, FL 33449	■ Remove
			☐ Change
			Add
			□ Remove
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Tective date, if other than the one effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the De	ck does not meet the appli	icable statutory filing	option ore than 90 days after flig requirements, this d	al) Ing.) Pursuant to 605.0 ate will not be listed	)207 ( i as t
e record specifies a delayed The 90th day after the reco	effective date, but n rd is filed.	ot an effective ti	me, at 12:01 a.r	n. on the earliei	of:
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