

MAY/22/2017/MON 04:41 PM

FAX No.

P. 001

UNOD033a

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SALVATORI,WOOD,BUCKEL,CARMICHAEL & LOTTES
Account Number : I20030000112
Phone : (239)552-4100
Fax Number : (239)649-0158

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

Email Address: LJS@SWBCI.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DAVINCI LAND LLC**

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MAY 23 2017

S. YOUNG

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Corporate Filing Menu

Help

2017 MAY 22 PM 4:59

TALLAHASSEE, FLORIDA

17 MAY 22 AM 9:40

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA

(((H17000139346 3)))
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

DAVINCI LAND LLC

(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 MARCH 20, 2017 and assigned
 Florida document number L17000063306.

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)

28901 TRAILS EDGE BLVD.

#206

BONITA SPRINGS, FL 34134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

28901 TRAILS EDGE BLVD.

#206

BONITA SPRINGS, FL 34134

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

MAY/22/2017/MON 04:41 PM

FAX No.

P. 003

(((H17000139346 3)))

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>
MGR	JAMES M. GOLDIE	15 8TH STREET, UNIT A	<input type="checkbox"/> Add
		BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KENNETH R. EDBLBROCK	28901 Trails Edge Blvd.	<input checked="" type="checkbox"/> Add
		#206	<input type="checkbox"/> Remove
		Bonita Springs, FL 34134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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MAY/22/2017/MON 04:41 PM

FAX No.

P. 004

{{(H17000139346 3)}}

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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17 MAY 22 AM 9:40

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 22

Signature of a member or authorized representative of a member

LEO J. SALVATORI

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

{{H17000139346 3}}}