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COVER LETTER

TO:

TO: Registration Se Division of Co			•		
	JOHN J. ROBERT III LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JOHN J. ROBERT				
		Name of Person			
	JOHN J. ROBERT III LLO				
		Firm/Company			
	914 MARBLE DRIVE				
		Address			
	NAPLES, FL. 34104				
		City/State and Zip Code			
	•	COUNTINGSOLUTIONS.BIZ			
For further information (e-mail address: (concerning this matter, please o	to be used for future annual report not all:	incation)		
ROGER L. MILLER CE	PA	239 947-8099 J O	HN J . ROBERT III LLC		
Name (of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 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: Registration Section		<u>Street Address:</u> Registration Se	ection		
Division of C	Corporations	Division of Co	rporations		
P.O. Box 631		The Centre of 1			
Tallahassee,	rt 34314	2410 IN. MIONIC	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT. TO ARTICLES OF ORGANIZATION 12 PM 12: 55 **OF**

JOHN J. ROBERT III LLC

SECLELIARY WE STATE

If Changing Registered Agent, Signature of New Registered Agent

(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 $\frac{03-22}{}$	-2017 and assigne	
Florida document number 1. 17000065545			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Limited Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and	ity Company," the desig	nation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:		VE , NAPLES FL. 34104	
(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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our reco	rds, <u>enter the name of the new re</u>	
New Registered Office Address:			
	Enter Florida street address		
		, Florida Zip Code	
	City		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre	·		

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person bein or removed from our records:

MGR = Manager

AMBR = Authorized Member

2023 NOV 12 PM 12: 55

<u>Title</u>	<u>Name</u>	Address SECF. LAR OF STATE 914 MARBLE DRIVESNAPLES, FL. 34104	Type of Ac
AMBR	THERESA S. ROBERT	914 MARBLE DRIVESNAPLES, FL. 34104	= Add
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	SECRETARY OF SHATE
	
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Note: If the date inserted in	in the date of filing:
the record specifies a delayed e cord is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
Dated 11/10	
,	RATE OF THE PARTY
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee