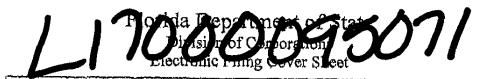
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000132108 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES

Account Number : 120030000112 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 smail address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1960 FLEMING LAC, LLC

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Electronic Filing Menu

Corporate Filing Menu

DEPIMMONS

MAY 16 2017

(((H17000132108 3)))

COVER LETTER

TO: Registration S Division of Co			•
1960 FLE SUBJECT:	MING LAC, LLC		
SUBJECT:	Name of Lim	ited Liability Company	., ************************************
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Leo J. Salvatori		
		Name of Person	
•	Salvatori, Wood & Buckel	, P.L.	
		Firm/Company	A CONTRACTOR OF THE CONTRACTOR
	9132 Strada Place, Fourth	Floor	
		Address	
. 19	Naples, Florida 34108		
		City/State and Zip Code	
· , ,	ejn@swbcl.com		
		to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
Leo J. Salvatori		239 552-4100 at ()	
Name	of Person		me Telephone Number
		t. Cas	
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclased)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi	LING ADDRESS: stration Section sion of Comporations	STREET/COUI Registration Sec Division of Corr	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H17000132108 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1960 FLEMING LAC, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on April 28, 2017	and assigned
Florida document number L17000095071	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ligh	oility company here:	
2000 FLEMING LAC, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		and a second
•	·	The state of the s
Enter new mailing address, if applicable:		9:22
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our reco	rds enter the name of the name
registered agent and/or the new registered office address her	<u>e:</u>	ios, their the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	tress
· · · · · · · · · · · · · · · · · · ·		FloridaZip Code
Nam Designand Ament). Signature if the give Designation of Ament		Lip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as real stered agent and accept the appointment as real stered agent.	_	Carl and a second and a second

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

Page 1 of 3

(((H17000132108 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

Title	<u>Name</u>	Address	Type of Action
			TRemove
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		<u></u>	
			☐ Remove
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Page 2 of 3

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te date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	nt's effective date on the Department of State's records.	If the date it	oserted in thi	is block d	oes not me	et the ap	plicable	ite of filing	or more than filing requi	90 days a	fter filing this date	g.) Pursu will no	ant to 605 at be liste
		ora specii 90th day	after the	record	ective da is filed:/	ito, but	not ar	effectiv	ve time, i	it 12:0	1 a.m.	on th	e earlie
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d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies the day after the record is filed.	90th day after the record is filed:	May 15					1						

Page 3 of 3

Filing Fee: \$25.00