

L 7000095987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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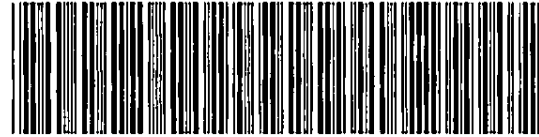
(Business Entity Name)

(Document Number)

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2017 AUG 28 PM 2:55  
TALLAHASSEE, FL 32301

AUG 29 2017  
J. HARRIS

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: MYSTIQUE I 12701 MASTIQUE BEACH BOULEVARD UNIT 1604 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:

ANNA ELS

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

AKERMAN LLP

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

9128 STRADA PLACE, SUITE 10205

\_\_\_\_\_  
Address

NAPLES, FLORIDA 34108

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

ANNA.ELS@AKERMAN.COM

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

For further information concerning this matter, please call:

ANNA ELS

239

449-5646

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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 enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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**

MYSTIQUE I 12701 MASTIQUE BEACH BOULEVARD UNIT 1604 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 MAY 1, 2017 and assigned  
Florida document number L17000095987.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Mastique I 12701 Mastique Beach Boulevard Unit 1604 LLC

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)

13320 Ponderosa Way  
Ft Myers, FL 33907

**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:

Barbara Daitch

New Registered Office Address:

13320 Ponderosa Way

Enter Florida street address

Ft. Myers

Florida 33907

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.*

  
**Changing Registered Agent, Signature of New Registered Agent**

FILED  
AUG 26 PM 2:55  
CLERK OF COURT  
H. J. HARRIS  
TALLAHASSEE  
FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

☐ Add  
☐ Remove  
☒ Change  
☐ Add

[illegible]

(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)

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.

8/23 2017

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

BARBARA Daitch

Typed or printed name of signee

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2017 AUG 28 PM 2:55  
FALLAHOUSE, TN 37137