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COVER LETTER

Div	ision of Corpo	orations			
SUBJECT:	6605 Cutty S	ark Ln., LLC			
<i>3000</i> ,		Name of Limit	ted Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	dence concerning this matter t	o the following:		
		lan T. Holmes			
	Name of Person				
Firm/Company 711 5th Avenue South, Suite 200					
			Firm/Company		
			Address		
		Naples, FL 34102			
			City/State and Zip Code		
		iholmes@holmeskurnik.com			
		E-mail address: (to	o be used for future annual report notifi	cation)	
For further is	nformation cor	ncerning this matter, please ca	11:		
lan Holmes			239 228.7280		
	Name of I	Person	at () Area Code Daytime	Telephone Number	
Enclosed is	a check for the	following amount:	·		
■ \$25.00 I	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:

TO:

Registration Section

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

6605 Cutty Sark Ln., LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/26/2017	and assigned
Florida document number L17000116840		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
565 Countryside Drive, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1540 Raffina	
Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34105	<u> </u>
	-,-,	AUG
Enter new mailing address, if applicable:	1540 Raffina	17 AUG 23 PH 1
Mailing address MAY BE A POST OFFICE BOX)	NAPLES FL 34105	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	 	*
	Enter Florida street address	
	, Flori	
	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

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>	Address	Type of Action
MGR	Robert Sims	3196 County Barn Rd.	_
		Naples, Fl. 34112	Remove
			Change
			
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			□ Change
			Add
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fect	ive date, if other than the date of filing: 8/21/2017 (optional)
n eft	feetive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier is 90th day after the record is filed.
ntod	August 21 2017
u	11 29/6

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Filing Fee: \$25.00

Typed or printed name of signee