

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.

(((H17000172186 3)))



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

To:

Division of Corporations

Fax Number : (950)617-6383

From:

Account Name : STOLZENBERG, GELLES & FLYNN, LLP

Account Number : 120100000018 Phone : (305) 961-1450 : (305)423-3979 redmuN xeT

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RUE JARDIN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ڝۣ

Help

Electronic Filing Menu

Corporate Filing Menu

P.002/004

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUN 29 AM 9 25
FALLAHASSEF, FI ORID.

RUE JARDIN, LLC		
(Name of the Limited Linbility Compa (A Florida Limited I	ny as it noir appears on our record liability Company)	9.)
The Articles of Organization for this Limited Liability Company	were filed on June 22, 2017	and assigned
Plorida document number L17000134861	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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:		
(Malling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enier Florida street addres	· · · · · · · · · · · · · · · · · · ·
	• • • • • • • • • • • • • • • • • • • •	
	, Flo	orida
	•	•

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	Douglas E. Barnard 2014 Revocable Trust	2445 Rue du Jardin Unit J401	
		Naples, FL 34105	Remove
			☐ Change
MGR	Douglas L. Barnard	2445 Rue du Jardin Unit 1401 Naples, FL 34105	Add
			☐ Remove
			□ Change
	¥1—114 D		Add
	·		2 Demove Julian Section 1
			SSE Change
		<u>m</u>	To Remote
			□ Change
			Add
			□ Remove
			Change
			Add
			□ %emove
			Change

_						_ 		_ _	
_				, , .					
							<u></u>		
-									
_			····		***			•	
			_			_			<u>2</u> _
		-						22	
-						- ·		ZE.	·多 2
					•			<u>- スナ・</u> の社	عن
_								<u> </u>	二英
									o` √2 √a~ ~
	•							7	
_									
						<u>_</u>			 _
			_						<u></u>
_									
Note: If	re date, if other to stive date is listed, the f the date inserted int's effective date	in this block do	es not meet t	he applicat			(optiona days after fillr tents, this da	g.) Pursuant to) 605.0207 (3 listed as th
ne reco The S	ord specifies a 90th day after	delayed effe the record is	ctive date, s filed.	, but not	an effectiv	e time, at	12:01 a.m	. on the e	arlier of:
Dated _	une 29, 2017	V.	<u> </u>						
		Signal	ure of a memb	oc or author	izad representa	tive of a memb	cr -		_
		, -	7	•					

Page 3 of 3

Filing Fee: \$25.00