

**L17000201492**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 OCT 10 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*J*  
10/12/17

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WilPowerNaplesNHT 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:

William Barnes  
Name of Person  
WilPowerNaplesNHT  
Firm/Company  
1761 Birdie Dr  
Address  
Naples FL 34120  
City/State and Zip Code  
Wil.j.barnes@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Barnes at 917 865-4331  
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**

WillPowerNaplesNHT

(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 9/28/17 and assigned  
Florida document number L17000201492

This amendment is submitted to amend the following:

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

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)**

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TALLAHASSEE, FLORIDA

**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:

William Barnes

New Registered Office Address:

1761 Birdie Dr.

Enter Florida street address

Naples

City

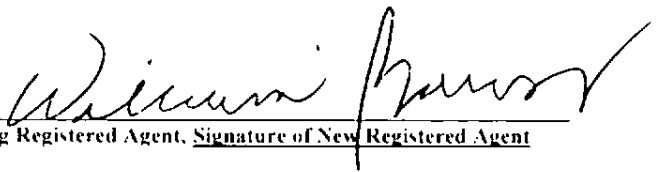
Florida

34120

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>	<u>Address</u>	<u>Type of Action</u>
<u>MR</u>	<u>William Barnes</u>	<u>1761 Birdie Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Naples FL 34120</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MR</u>	<u>Jeffrey Smith</u>	<u>1761 Birdie Deire</u>	<input type="checkbox"/> Add
		<u>Naples FL</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Basically on WilPowerNaplesNHT  
my name is missing the S at  
the end of my last name. It says  
William Barne I need it to  
be corrected to open a business  
bank account To William Barnes

Please Correct my last name to Barnes.

As well as remove Jeffrey Smith  
from my LLC.

This was my first time doing an LLC  
and I made a few mistakes.

My name should be spelled ~~Barne~~ William Barnes  
Thank You William Barnes

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 10/3/17

*William Barnes*

Signature of a member or authorized representative of a member

William Barnes

Typed or printed name of signer

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17 OCT 10 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA