L17000 211965

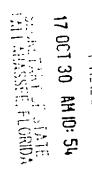
(Re	equestor's Name)	
(Ad	ldress)	
(Δα	ldress)	
(rw	latessy	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
/Bu	isiness Entity Nan	ne)
(3)		,
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	,	

Office Use Only



300305081773

10/30/17--01020--005 **25.00



S. WARREN NOV 02 2017

COVER LETTER

TO:				
61.B II.				
SUBJE	C1:		nited Liability Company	- · · · · · · · · · · · · · · · · · · ·
The end	closed Articles of	Amendment and fcc(s) are sub	omitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		LAURA BOLAGNO		
	Division of Corporations BOLAGNO REALTY LLC Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: LAURA BOLAGNO Name of Person LAURA BOLAGNO LLC Firm/Company 1000 SAPLING DR. Address NAPLES. FL 34120 City/State and Zip Code LAURABOLAGNO@HOTMAIL.COM E-mail address: (to be used for feture annual report notification) or further information concerning this matter, please call: AURA BOLAGNO Area Code Name of Person Area Code Daytime Telephone Number selosed is a check for the following amount: \$255.00 Filing Fee Certificate of Status Certified Copy Certificate Of Status & Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy			
Division of Corporations BOLAGNO REALTY LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LAURA BOLAGNO Name of Person LAURA BOLAGNO LLC Firm/Company 1000 SAPLING DR. Address NAPLES, FL 34120 City/State and Zip Co LAURABOLAGNO@HOTMAIL.COM E-mail address: (to be used for future arm For further information concerning this matter, please call: LAURA BOLAGNO Name of Person Real Code Enclosed is a check for the following amount: \$\Begin{array} \text{239} \text{at c} \text{Area Code} \text{Certificate of Status} \text{Certified Copy}		LAURA BOLAGNO LLO		
	Firm/Company			
		1000 SAPLING DR.		
			Address	
		NAPLES, FL 34120		
			City/State and Zip Code	
		-		
		E-mail address: (to be used for future annual report notif	fication)
For furt	her information co	oncerning this matter, please c	ali:	
LAURA	N BOLAGNO			
	Name of	Person	Area Code Daytinio	e Telephone Number
Enclose	d is a check for th	e following amount:		
≅ \$2 5.	00 Filing Fee		Certified Copy	Certificate of Status &

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

BOLAGNO REALTY LLC

The Articles of Organization for this Limited Liability			
	y Company were filed on $\frac{10/127}{1}$	2017	_ and assigned
Florida document number L17000211905	·		
This amendment is submitted to amend the following	;:		
A. If amending name, enter the new name of the l	imited liability company here:		
LAURA BOLAGNO LLC			
The new name must be distinguishable and contain the words "I	Limited Linbility Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:	-		
• • • • • • • • • • • • • • • • • • • •		·	
(Mailing address MAY BE A POST OFFICE BOX)		· · ·	
registered agent and/or the new registered office as	uuress nere:		
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Frier Florida s	trust address	
	Enter Florida s		
			Zın Code
	City	rect address, Florida	Zıp Code

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
			Add
			☐ Remove
			□ Change
			D Add
			☐ Remove
			Change
			
			□ Remove
			Change
			Remove
			Change
			□ ∧dd
			☐ Remove
			Champre
			FILED AM ID: 54
			20 5 4 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	ry.)	
	1	
		•
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		
	-	
E. Effective date, if other than the date of filing: (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 filin Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	() g.) Pursuant to 605 e will not be list	5.0207 (3)(b) ed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m b) The 90th day after the record is filed.	. on the earli	er of:
Dated <u>OC. topler</u> 26. 2017.		
Support Bulland	171	
Typed or printed name of signee	OCT 30 A	FILED
	AH 0: CF (37)	
Page 3 of 3		

Filing Fee: \$25.00