L17000237111

(R	equestor's Name)	
(A	ddress)	
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(C	ocument Number)	
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COVER LETTER

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SHD IMPT.		3RD AVENUE, LLC			
SUBJECT: _		Name of Lim	nited Liability Co	mpany	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing	y.	
Please return a	all correspo	ondence concerning this matter	to the followin	g:	
•		STEVEN WETTER			
			Name of	Person	
		STEVEN WETTER, ATT	TORNEY AT L	.AW	
			Firm/Cor	npany	
		1617 HENDRY STREET	T, SUITE 213		
			Addre	:SS	
		FORT MYERS, FL 3390)1		
			-	Zip Code	
		stevenwetterattorney@gr		ure annual report noti	· · · · · · · · · · · · · · · · · · ·
For further inf	ormation c	oncerning this matter, please of		are annuar report noti	neaucm
Steven Wette	er		239		
	Name o	f Person	at (Area		e Telephone Number
Enclosed is a	check for tl	ne following amount:			
■ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 F Certified (additional		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations - enter Circle

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

2627 NW 3RD AVENUE, 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	y were filed on Nover	mber 16, 2017	_ and as:	signed
Florida document number L17000237111				_
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company here:			
NEAR UF, LLC				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	nation "LLC" or the abbre	viation "L	.L.C."
Enter new principal offices address, if applicable:		Ę.,	=======================================	مد. من ا ا
(Principal office address MUST BE A STREET ADDRESS)			C	المعجدادو
Trincipal office tadaress most bit A STRILLT ADDRESS				4
			-77	
			75	
Enter new mailing address, if applicable:			· · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			خدي	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. Name of New Registered Agent:		ir records, <u>enter th</u>	e name	of the
New Registered Office Address:	Enter Florida s			
	emer r wrida s	sirvei adaress		
		, Florida	- Tr. CT. 1	
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>			

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> Name <u>Address</u> **Type of Action** _____ Add

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