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.

(((H18000247948 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

! WOOD, BUCKEL AND CARMICHAEL, PLLC Account Name

Account Number : 120170000051

Phone Fax Number

(239)552-4100 : (239)263-7922

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MILLARD FILLMORE, LLC

HILLARD FILDMIORE, EDG		
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## **COVER LETTER**

TO: Registration Sec Division of Corp				
	FILLMORE, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	indence concerning this matter t	o the following:		
	BONIE S MONTALVO			
		Namo of Person		
	WOOD, BUCKEL & CARMICHAEL			
		Finn/Company	<del></del>	
	2150 GOODLETTE ROA	AD N SIXTH FLOOR		
		Address		
	NAPLES, FL 34102			
	BSM@WBCLAWYERS.C	City/State and Zip Code	<del></del>	
	E-mail address; (	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please co	all:		
BONIE MONTALVO		239 552-4138 at ()		
Name (	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he 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)	
ман	ling address:	STREET/COUR	ER ADDRESS:	

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



(Name of the Limited Liability (A Florida	ry Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number L17000244688	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	nited liability company here:
The new name must be distinguishable and contain the words "Limi	nited 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 ADDR	RESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, enter the name of the nodress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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

Title	<u>Name</u>	Address	Type of Action
M	ROBERT J. ALMOND	75 VINEYARDS BLVD 4TH FLOOR NAPLES, FL 34119	□ Add
			■ Remove
			□ Change
MGR	ROBERT J. ALMOND	75 VINEYARDS BLVD 4TH FLOOR NAPLES, FL 34119	■ Add
			Remove
			Change T
			D'Change 7
			D'Change 7
			CRASSE
			Remove
			El Change
			Remove
			☐ Chango
			☐ Add
			Remove
			Change

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	<b></b>
	23
	SS. Z
	OR THE
	P
Effective (If an effecti Note: If t document	date, if other than the date of filing:  (optional)  (ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
he recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00