## 117000 249166

(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Sign		
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December 4, 2018

**GEOVANINA CANNATA** 3105 FOWLER ST. #B FORT MYERS, FL 33901

SUBJECT: 3105 FOWLER REALTY LLC

Ref. Number: L17000249166

We have received your document for 3105 FOWLER REALTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 718A00024816

## COVER LETTER

•	ion Section of Corporations
SUBJECT:	Name of Limited Liability Company
	les of Amendment and fee(s) are submitted for filing.
Please return all cor	rrespondence concerning this matter to the following:
	GEOVANINA CANNAVA
	Firm/Company
	3105 fowler street, #B
	Fort Nypl, fla 73901 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
60	OVANINA CANNATA 11917, 359-8360
	CANNUTU at (917) 359-876 D  Area Code Daytime Telephone Number
Englosed is a check	for the following amount:
\$25,00 Filing F	Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	AAILING 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

18 OF0 F/2 FM OF

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(Name of the Limited I	5 fo	W/P/	Realty appears on our fee	DUL.	PH 5:07
(A)	norian Limitee t	лавшіў Сош	bauž)		The Aller
The Articles of Organization for this Limited Liabil Florida document number <u>L17000749</u>	lity Company	were filed	on _ 1 <u>2/8</u> /	(1)	and assigned
Florida document number <u>L17000749</u>	166.		/ /		
This amendment is submitted to amend the following					
A. If amending name, enter the new name of the	· limited liab	ility compa	uny here:		
The new name must be distinguishable and contain the words	"Limited Liabi!	ity Company.	" the designation "L	LC" or the abbre	Station "L.L.C."
Enter new principal offices address, if applicable	<b>:</b> :	NA_			
(Principal office address MUST BE A STREET A	DDRESS)		·		
Enter new mailing address, if applicable:		NA		<u>-</u>	<del></del>
(Mailing address MAY BE A POST OFFICE BO.	<u>V)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered office			ss on our reco	rds, <u>enter th</u>	e name of the nev
registered agent and/or the new registered office	address here	•			
Name of New Registered Agent:	NA				
New Registered Office Address:	<i>1 - - -</i>	_ <del></del>			
		Ent	er Florida street add.	reas	
				Florida	
	<del></del>	City	-		Zyr Code

New Registered Agent's Signature of 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. Thereby 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 Type of Action Address Name Title 3105 fowler Str \_ \_ DAdd RAYMOND CANNOTA AMBE Fort Myels, 44 33901 Remove ☐ Change □ Add \_\_ \_ 🗆 🗆 Remove □ Remove ☐ Change □ Add ☐ Remove ☐ Change \_\_ 🗆 Add

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If the date inse	ed, the date must be specific crted in this block does n	ot meet the applical	s date of filing or mo ale statutory filing	re than 90 days after requirements, this	taing) Pursuant to 602 date will not be list
ment's effective of	date on the Department	of State's records.			
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Filing Fee: \$25.00