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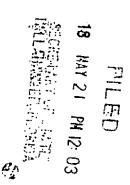
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O SIMMONS
MAY 2 3 2018

### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: 1217	Piper BlVD Name of Lim	ited Liability Company	·-··
	Amendment and fee(s) are sub- indence concerning this matter	-	
	JEFFRE	Name of Person	<del> </del>
	1217 Pipe	S BIVO LLC Firm/Company	
	292 Shav	wood DC Address	
	Naples	Fc 34110 City/State and Zip Code	
		AOL, COM to be used for future annual report notifi	fication)
For further information co	oncerning this matter, please ca	all:	
JG=FREY D	Mraney	at (2 <b>3</b> 91) 450-	8005
Name of	Person		e Telephone Number
Enclosed is a check for the	<del>-</del>		
\$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

1217 Pire	r Bluo LLC	
(Name of the Limited Li (A F	ability Company as it now appears on or orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number		7/ 20/8 and assigned
This amendment is submitted to amend the following	ā:	
A. If amending name, enter the new name of the	limited liability company here:	<b>5</b>
The new name must be distinguishable and contain the words	"Limited Liability Company," the designat	ion "LLC" or the abbreviation "LLPC."
Enter new principal offices address, if applicable	:	2 m
(Principal office address MUST BE A STREET A	DDRESS)	
	****	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Enter new mailing address, if applicable:		7.9
(Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet 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 for removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** Name **Address Type of Action** Pres Salorine C. Dulaney 292 Sharwood Dr. Naples, FL 34110 **C**hange JOFF REY D DUIDNEY SR □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change 8 □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00