## L17000264571

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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## **COVER LETTER**

TO: Registration Se Division of Co		ţ	,
	SNATURE PROPERTIES, LLC	2	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nicole Naumann		
		Name of Person	
	NAUMANN LAW, PA		
		Firm/Company	<del></del>
	15065 McGregor Blvd., S	uite 104	
		Address	
	Fort Myers, FL 33908		
	<del></del>	City/State and Zip Code	
	nicole@naumannlawpa.cor		
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report notif all:	ication)
Nicole Naumann		239 267-9000	
Name c	of Person	at () Area Code Daytime	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)

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 Taliahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited	pany as it now appears on our r d Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L17000264571}{L17000264571}$ .	, , ,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation	
Enter new principal offices address, if applicable:		and a
(Principal office address MUST BE A STREET ADDRESS)		- 1
Triggin office marchs prost be A STREET ADDRESS	<u></u>	ψ, [ ]
		- 1
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered e registered agent and/or the new registered office address he		cords, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	uldress
		_, Florida
	Cuy	_, Florida Zıp Code
New Registered Agent's Signature, if changing Registered Agen	·	Zīp Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KATIE M. FORD	7620 KNIGHTWING CIRCLE	<b>=</b> Add
		FORT MYERS, FL 33912	□ Remove
			□ Change
			Remove
		Sec. 187	Change
			bbA
			□ Remove
			□ Change
			🗖 Add
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			☐ Change

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in circuit codic is risted, the odde musi	be specific and cannot be prior to date of filing or more than 90 days at ock does not meet the applicable statutory filing requirements, the	tional) fer tiling.) Pursuant to 605.02: his date will not be listed :
record specifies a delayed he 90th day after the reco	effective date, but not an effective time, at 12:01 ord is filed.	. a.m. on the earlier
JANUARY 11	2018	
Mich	Ne Za	2013
	Signature of a member or authorized representative of a member	:
Nicole Naumann		:
	Typed or printed name of signee	
		73
	Page 3 of 3	Ċn .

Filing Fee: \$25.00