

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARCHEAN CAPITAL LLC

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EXAMINER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		N CAPITAL LLC				
(Name of the Lim)	ted Liability Compa (A Flerida Limited	ny as il now appears on liability Company)	our records.)			
The Articles of Organization for this Limited Florida cocument number L18	Liability Compan	y were filed on JANC	JARY 24, 2018	_ and as	signed	
This amendment is submitted to amend the foli	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company liere:				
					23	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the design	ation "LLC" or the abbre-		.L., C.,	
Enter new principal offices address, if applic	able:	9045 STRADA STE	LL COURT, STE. 500	- <u> </u>	DEC.	3
(Principal office address MUST BE A STREE	ET ADDRESS)	NAPLES, FL 34109	·	22.	- 19	_
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Enter new malling address, if applicable:		9045 STRADA STE	LL COURT, STE. 500	25	ڣ	ميد
(Mailing address MAY BE A POST OFFICE	BOX)	NAPLES, FL 34109		יייכי	29	-
						
B. If amending the registered agent and registered agent and/or the new registered of	Mce address here	Tice address on our		· name	of the	new
Name of New Registered Agent:						_
New Registered Office Address:	1201 HAYS ST					
		Enter Florida str	eel address	_		
	TALLAHASSE	E	, Florida 32301			
		City		Lip 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.

Holly Jones
Assistant Vice President
If Changing Hoghler d Agent, Signature of New Registered Agent

Page 1 of 3

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	Name	Address	Type of Action
AMBR	PARKER J. COLLIER,	9045 STRADA STELL COURT, STE. 500	D Add
	TRUSTEE OF THE PARKER J. COLLIER REVOCABLE TRUST DATED DECEMBER 19, 1997, AS AMENDED	NAPLES, FL 34109	■ Remove
	DATACED 1 CONT. ICD	DOAL CED A DA CEDA LA COLUDE	□ Change
MGR	PARKER J. COLLIER	9045 STRADA STELL COURT, STE. 500	□ Add
		NAPLES, FL 34109	□ Remove
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MGR	MILES C. COLLIER	9045 STRADA STELL COURT, STE. 500	ZE Add ○
		NAPLES, FL 34109	OrRemove
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record specifies a delayed e The 90th day after the record	fective dat is filed.	e, but not	an effectiv	e time, at 17	2:01 a.m.	on the	earliei
DECEMBER 13		2018	_				
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