

118000033476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

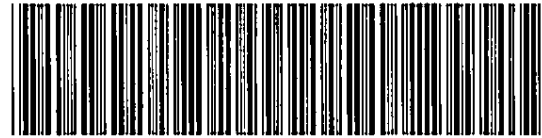
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 21 PM 1:12

N COOPER

MAY 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OIDE Naples Frameworks LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Bazley
Name of Person

Firm/Company

4915 Rattlesnake Hammock RD
Address

Suite 232 Naples FL 34113
City/State and Zip Code

Michael.Bazley@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Bazley
Name of Person

at (239)
Area Code

300 3046
Daytime Telephone Number

Enclosed is a check for the 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
Tallahassee, FL 32301

OIDE Naples Frameworks LLC

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director in Article III	Joseph Vellucci	12581 METRO PARKWAY #24	<input type="checkbox"/> Add
		FT MYERS FL 33966	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Austin L Reed	280 TURNBURY WAY	<input checked="" type="checkbox"/> Add
		Naples FL 34120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please Remove Article III Provisions That
Says Joseph Vellucci is a Non Monetary Director.
copy of Articles Provided.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

5/16/18

Signature of a member or authorized representative of a member

Michael Barclay

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L18000033476
FILED 8:00 AM
February 06, 2018
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:
OLDE NAPLES FRAMEWORKS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4915 RATTLESNAKE HAMMOCK RD
SUITE 232
NAPLES, FL. 34113

The mailing address of the Limited Liability Company is:
4915 RATTLESNAKE HAMMOCK RD
SUITE 232
NAPLES, F. 34113

Article III

Other provisions, if any:

~~NON MONETARY DIRECTOR JOSEPH VELLUCCI 4851
TAMAMI TRAIL N SUITE 200 NAPLES FL
34103 CGC
LS13712~~

Please Remove

Article IV

The name and Florida street address of the registered agent is:
MICHAEL BAZLEY
4915 RATTLESNAKE HAMMOCK RD
SUITE 232
NAPLES, FL. 34113

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MICHAEL BAZLEY

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
JOSHUA COLE
4915 RATTLE SNAKE HAMMOCK RD SUITE 232
NAPLES, FL. 34113

Title: MGR
MICHAEL BAZLEY
391 TORREY PINES PT
NAPLES, FL. 34113

L18000033476
FILED 8:00 AM
February 06, 2018
Sec. Of State
jafason

Signature of member or an authorized representative

Electronic Signature: MICHAEL BAZLEY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.