# 118000065885

. (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		of Status
Special Instructions to	Filing Officer:	

Office Use Only



200311168492

200311168492 03/23/18--01002--002 \*\*75.00

DEPARIMENT OF STATE

HILED

18 MAR 28 M 7: 59

SECRETARY OF STATE

K. SALY MAR 2 9 2018

## CORPORATE

When you need ACCESS to the world

ACCESS, \_\_\_\_

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

3/28

PICK UP:

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

	CERTIFIED COPY		
	РНОТОСОРУ		
	CUS		
	FILING	Amend	
_		onn, LLC	
	(CORPORATE NAME AND DOCUM	IENT #)	
	(CORPORATE NAME AND DOCUM	IENT #)	
	( · · · · · · · · · · · · · · · · ·		
-	(CORPORATE NAME AND DOCUM	IENT #)	
_	(CORPORATE NAME AND DOCUM	IENT #)	

SPECIAL

1.

2.

3.

5.

6.

**INSTRUCTIONS:** 

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

18 MAR 28 AM 7: 59

SECRETARY OF AT

Bevy Hoffmann, LLC (Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/13/2018}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 405 Fifth Avenue South. Suite 6 Enter new principal offices address, if applicable: Naples, FL 34102 (Principal office address MUST BE A STREET ADDRESS) 405 Fifth Avenue South, Suite 6 Enter new mailing address, if applicable: Naples, FL 34102 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	David Hoffmann 405 Fifth Avenue South, Suite		Add	
		Naples, FL 34102	☐ Remove	
			■ Change	
MGR	Greg Hoffmann	825 Green Bay Rd., Suite 100	□ Add	
		Wilmette, IL 60091	■ Remove	
			☐ Change	
MGR Richard J. Rinella	Richard J. Rinella	405 Fifth Avenue South, Suite 6	Add	
		Naples, FL 34102	Remove	
			☐ Change	
			Remove F1L R 260 AAR 260	
			AND AND Change	
			□ Remove	
			☐ Change	

		<del></del>		FILED
			18	MAR 28 AM 7
			SEC	RETARY OF STA AHASSEE, FLOR
			<u> </u>	AHASSEE, FLOR
				and the second s
				······································
· · · · · · · · · · · · · · · · · · ·				
ffective date, if other than the	date of filing:	0.255	(optional)	D
f an effective date is listed, the date mu Note: If the date inserted in this b	ock does not meet the appl	icable statutory filin	g requirements, this date	will not be listed as th
document's effective date on the D	epartment of State's record	is.		
e record specifies a delaye	t affective date but r	ont an effective t	ime at 12:01 a.m. (	on the earlier of:
The 90th day after the rec		iot dii cirective t	ine, de 12.01 dim	on the carmer and
, A b. 20	3010			
Dated March 28	. 2018	·		
/	727	7-17-59-		
	Signature of a member or au	thorized representative	of a member	<del></del>

Page 3 of 3

Filing Fee: \$25.00