## L180000 77728

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



500311316965

05/07/18--01013--012 \*\*30.00

18 HAY -7 PH 12: 09

N COOPER MAY 0 9 2018

## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	LPJ INTERI	LACHEN 311 RESIDENCE I	LLC	
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fec(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		MICHAEL LAROCQUE		
			Name of Person	
			D: /0	
			Firm/Company	
		6760 PELICAN BAY BLY	VD #311	•
		**************************************	Address	
		NAPLES, FLORIDA 3410	)8	
			City/State and Zip Code	
		MIKE (WDA.	TL. NET to be used for future annual report notifi	aution)
For further in	Normation co	ncerning this matter, please co		cattony
or raither n	normation co	meerining tims matter, pieuse et	an.	
MICHAEL	LAROCQUE		312 692-5008 at ( )	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iting 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:

TO:

**Registration Section** 

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 ARTICLES OF ORGANIZATION **OF**

LPJ INTERLACHEN 311 RESIDENCE LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on nited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{L18000077328}{L18000077328}$	pany were filed on MARC	CH 26, 2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
he new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	6760 PELICAN BA		z ov.
Principal office address MUST BE <u>A STREET ADDRES</u>	NAPLES, FLORIDA	A 34108	STOR
			Y -7
Enter new mailing address, if applicable:	6760 PELICAN BA	Y BLVD #311	ORPOR.
Mailing address MAY BE A POST OFFICE BOX)	NAPLES, FLORIDA	A 34108	
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address  Name of New Registered Agent:		r records, enter 1	the name of th
New Registered Office Address: 6760 PEL	ICAN BAY BLVD #311		
Trest tregistered office / tauress.	Enter Florida s	treet address	
NAPLES		, Florida <sup>341</sup>	08
	City		Zip Code

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>	<u>Address</u>	Type of Action
MGR	JOHN LAROCQUE	6760 PELICAN BAY BLVD, #311	□ Add
		NAPLES, FLORIDA	□ Remove
		34108	Change Apples 5
MGR	MICHAEL LAROCQUE	6760 PELICAN BAY BLVD #311	□ Add
· · · ·		NAPLES, FLORIDA	□ Remove
		34108	Change ADDRESS
			🗆 Add
			□ Remove
		Salahada ara — Priliferansia MP (1994) a	☐ Change
		<u> </u>	□ Add
			□ Remove
			Change
		Territoria de Maria de Carto d	□ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

_			
-			
_	,		
_			
_			9
-		===	2 <u>8</u>
		HAY	22
_		-	FASE CZE
_		3	를 유 등 등 등
		<u> </u>	OR A
		. 9	NOI!
_			<u></u>
_			<del></del>
_			
_			
-			<del></del>
_			
_			
ffecti	date, if other than the date of filing: (optional)		
lote:	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing, the date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records.	) Pursuant i will not b	o 605.0207 e listed as
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the day after the record is filed.	on the e	earlier o
IIIC	4/25		
	, 2018		
	2018		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00