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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 03 2018

COVER LETTER

TO: Registration Se Division of Cor			
	roperties, LLC		·
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mary LaGarde		
		Name of Person	
	LaGarde		
		Firm/Company	
	4241 7th Ave SW		
	***************************************	Address	
	Naples, FL 34119		
		City/State and Zip Code	
	mary@lagardelaw.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
Mary LaGarde		713 443-3567	
Name o	of Person	at () Area Code Daytur	ne 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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LaGarde Properties, LLC		
(<u>Name of the Limited</u> (/	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial	bility Company were filed on April 17, 2018	and assigned
Florida document number L18000096759		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the	ויונט
Enter new principal offices address, if applical	ole:	APR
(Principal office address MUST BE A STREET	ADDRESS)	3 FAF
		₹ 700,000
		S: Q
Enter new mailing address, if applicable:		9
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/o	r registered office address on our records, ento	er the name of the new
registered agent and/or the new registered offi		
N. CN. B. C. IA		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Ro	·	

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	Mary LaGarde	4241 7th AVE SW	Add
		Naples, FL 34119	■ Remove
			Change
AMBR	Richard LaGarde	4241 7th Ave SW	
		Naples, FL 34119	Remove
			☐ Change
MGR	Mary & Richard LaGarde as tenants	4241 7th Ave SW	Add
	by the entirety	Naples, FL 34119	☐ Remove
			Change
			☐ Remove
			□ Change
			
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change

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Effective date, if other than t	he date of filing:		(optional)	
If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applica	o date of filing or more than ble statutory filing requi	90 days after filing.) Pursuant to rements, this date will not be	605.020 listed a
ne record specifies a delay The 90th day after the re		an effective time, a	at 12:01 a.m. on the ea	arlier (
Dated April 25	2018			
Dated Tribal Dated				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00