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SECRETARY OF STATE DIVISION OF CORPORALIONS

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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Pro	PETTY SECULES Name of Limi	MANAGEMEN (FTC	UP LLC
The enclosed Articles of	f Amendment and fee(s) are subi	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	ROBERT G	Name of Person	
		Firm/Company	<del> </del>
	3173 Avi	AMAI CIFCLE	# 201
	NAPLES, F	Oright 34/1/	4
	TG I SON E TE-mail address: (t	6/ympingroupin/Loo be used for future annual report no	ification)
For further information	concerning this matter, please ca		
Reburd	Of Person	at (917) 793 Area Code Daytin	ne 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability C (A Florida Lin	MANUAG EIU		116
(A Fiorida Lin The Articles of Organization for this Limited Liability Com			¶ and assigned
Florida document number <u>L 18000 173 56 1</u> .	pany were filed on .	AUIT TO THE	<u>०</u> आल अटडाझाहत
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u>	liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," th	e designation "LLC" or the	ibbreviation "L.L.C."
Euter new principal offices address, if applicable:			<b>3</b> DV
Principal office address MUST BE A STREET ADDRES	(S)		AU AU
			1 95 m
			<b>6</b> 050 C.
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
Maning waters MAT DE AT 031 OTTICE DOM			<u> </u>
B. If amending the registered agent and/or register	ed office address	on our records enter	the name of the
registered agent and/or the new registered office address		<u> </u>	THE DAME OF THE
Name of New Registered Agent:			
game of the registered agent.		<del></del>	
New Registered Office Address:	Fntør F	lorida street address	
<del></del>	Cin'	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	•		J.p John
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agents.	plete performance of t as provided for it	of my duties, and Lam Chapter 605, F.S. Or	familiar with and ; if this document is
being filed to merely reflect a change in the registered o	ffice adaress. I her	eoy confirm that the h	mnied Hability

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>AMBR</u>	ANA A. GARQUILO	3173 Avianiar Circle	
		3173 AVIANIAY CITCLE NAPLES, FL. 34114	■ Remove
			Change
<del></del>		<u></u>	
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17474			🖸 Add
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	v.)	
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		- 78 
Effective date, if other than the date of filing:  (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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	.) Pursuant to 6 will not be li	605.0207 (2 isted as th
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. ) The 90th day after the record is filed.	on the ear	rlier of:
Dated Alogust 3 2018  Signature of a member or authorized representative of a member		
Robert C. Gibson Typed or printed name of signee		

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Filing Fee: \$25.00