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## **COVER LETTER**

" TO: **Registration Section Division of Corporations** GASPARILLA PROPERTIES LLC SUBJECT: 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: **ELIZABETH ALONSO** Name of Person Firm/Company 5140 PINE TREE Address WESLEY CHAPEL, FL 33543 City/State and Zip Code MRCELA@ME.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 8174910 ELIZABETH ALONSO 813 Name of Person Daytime Telephone Number ۻ

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee, Certificate of Status &

Certified Copy

(additional copy is enclosed)

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 Liabi	ility Company as it now appears on our da Limited Liability Company)	records.)
(A Florid	da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number L18000242043	<del></del> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
WILDCARD 2001 LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		19
		A C
Enter new mailing address, if applicable:		- in the second
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	
		20 1 mm
B. If amending the registered agent and/or regi	istered office address on our re	The state of the s
registered agent and/or the new registered office ad		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	
	Enter r wriaa street	adaress
	<u> </u>	, Florida
	City	Zip Code

## 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> Name **Address Type of Action** AMBR GORAN IVANISEVIC AUGUSTA CESARCA 4, ZAGREB 10000 CROATIA ■ Add \_□ Remove \_□ Change \_ Add \_□ Remove \_□ Change \_□ Add □ Remove ☐ Change □ Add Remo \_\_\_\_Change \_\_\_ Add >\_\_ \_□ Remove \_□ Change \_□ Add \_□ Remove

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an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a	optional) after filing.) Pursuant to 605.
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, ocument's effective date on the Department of State's records.	, this date will not be liste
bedillett 3 effective date of the peparation of place 5 teorials.	
e record specifies a delayed effective date, but not an effective time, at 12:0	)1 a.m. on the earlie
The 90th day after the record is filed.	
January 18 2019	
ated	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00