

Division of Corporations

Page 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L18000242144

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000168887 3)))



H190001688873ABCF

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : JOHN M WICKER PA  
Account Number : I20070000104  
Phone : (239) 939-2222  
Fax Number : (239) 939-2280

3rd  
~~Request~~  
Request Please.

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MWICKER@LAWCRAV.COM

mwicker@lawcrw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MEHNERTUSA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

## H 190001688873

Electronic Filing Menu

Corporate Filing Menu

Help

H 190001688873

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MEHNERTUSA, 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 October, 15, 2018 and assigned  
Florida document number L 18000242144

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

350 Fifth Avenue South, Suite 200

Naples, Florida 34102

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:

Gudrun Maria Nickel, P.A.

New Registered Office Address:

350 FIFTH AVENUE SOUTH, SUITE 200

Enter Florida street address

NAPLES

City

Florida

34102

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

H 190001688873

H 19000 1688873

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>	<u>Type of Action</u>
MGR	Gudrun Maria Nickel, P.A.	350 Fifth Avenue South, Suite 200 Naples, Florida 34102	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ute Rosinus	8831 Business Park Drive, Suite 301 Fort Myers, Florida 33912	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H 19000 1688873

H 19000 1688873

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(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.) Pursuant to 603.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated May, 16, 2019

R. E. H. L.  
Signature of a member or authorized representative of a member

René Mehnert  
Typed or printed name of signee

H 190001688873