# L19000001339

Office Use Only



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2019 FEB -1 PH 5: 15

C. GOLDEN FEB - 8 2019

# **COVER LETTER**

TO: Registration So Division of Co		•	
SUBJECT: Gint	HE Breezes Escar	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Eric VonB	argeN	
	Gentle Bree-	Firm/Company	
		Bay Drive, Unit =	102
		Address	
	Naples, FL.	34109 City/State and Zip Code ENG yahoo. CCM	
	travelope	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	II:	
LISA VEnBai	CHEN	ar (239 ) 896 · 7	ω10
Name o	f Person	at $(\frac{\cancel{139}}{\cancel{139}}) \frac{\cancel{896} \cdot \cancel{7}}{\cancel{139}}$ Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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

FILED

Entle BAPAR			2019 FEB - 1 PM	5: 19
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appear: .iability Company)	on our records.)	_
The Articles of Organization for this Limited Lie Florida document number <u>L1900000133</u>	ability Company	were filed on <u>/</u>	7. 27/2018 and assigned	, FL ad
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of				
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the de	signation "LLC" or the abbreviation "L.L.C.	
Enter new principal offices address, if applica	ble:	NIA		
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	va vi	NA		
B. If amending the registered agent and/or registered agent and/or the new registered off	or registered of		our records, enter the name of t	the new
Name of New Registered Agent:	LISA Vor	Bargen	· His o	
New Registered Office Address:	4965 San	Enter Flori	Un it 107-	<del></del> -
	Naples	City	Florida 34/09 Zip Code	

### New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

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 ompany has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	<b>Authorized Member</b>	

<u>Title</u>	<u>Name</u>	Address	Type of Action
ABBR	LIST Von Bargen	4965 Sandra Bay Dr. Und #162-	<b>⊠</b> -∕\dd
		Naples, FL. 34109	Remove
			□ Change
			🗆 Add
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			Change
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		<del></del>	Change
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	I = A
E. Effect	ive date, if other than the date of filing: (optional) ective 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 605,0207 (3)(b
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
docum	ent s'effective date on the Department of State S records.
if the red	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  90th day after the record is filed.
U) THE	Sources the record is filed.
	1/27/19
Dated	<u> </u>
	Signature of a member or authorized representative of a member
	$\mathcal{L}_{\mathcal{A}}$ $\mathcal{A}_{\mathcal{A}}$ $\mathcal{P}_{\mathcal{A}}$ $\mathcal{P}_{\mathcal{A}}$
	Eric Von Bargen Typed or printed name of signee
	ryped or printed name of signed

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Filing Fee: \$25.00