12/10/2019



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Fax Number

: (954)208-0845

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	NUELLIC 2019 DEC 10 ₽ E 36		
(Name of the Limited Liability Compar (A Florida Limited L	ny ay it may appears on our records.) Jehility Comeany)		
	SEEEL ART OF SEA F		
The Articles of Organization for this Limited Liability Company	were filed on April 12, 2019 ASSEE, FLORIDA		
lorida document number L19000101855			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabili	The Comment of the decineation of LC or the abbreviation of L.C.		
he new name must be distinguishable and commin the words "Limited Limit	iny Contrany, we disignation taxe of the above value in the contract of the co		
Inter new principal offices address, if applicable:	501 2nd Avenue N		
Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34102		
FINISHED DITCH THE SALED STATES OF THE SALED STATES OF			
Inter new mailing address, if applicable:	501 2nd Avenue N		
Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34102		
Frinding man cos intra pro 11 Vox VI a 102 2011			
	en		
<ol> <li>If amending the registered agent and/or registered of registered agent and/or the new registered office address here</li> </ol>	mee andress on our records, enter the name or the p		
esistence agent author, the new 1457256161 outles aren essuits	<u>.</u>		
Name of New Registered Agent:			
100 411			
New Registered Office Address:	xe Address:  Enter Florida street address		
	2		
	, 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 = Anthorized Member

<u> Title</u>	Name	Address	Type of Action
MOR	MATTHEWS, DENISE P	501 2nd Avenue N	Add
		Naples, FL 34102	□ Remove
			☐ Change
			D Add
			☐ Remove
		<del></del>	Change
			Add
			□ Remove
			Change
			C⊃ Add
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