

L19 000243395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

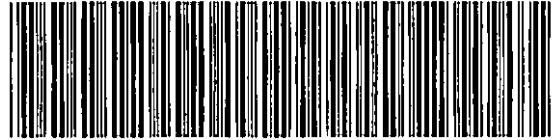
(Business Entity Name)

(Document Number)

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2020 OCT 21 AM 11:36

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EYW PROPERTIES, L.L.C.

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:

JOHN H. MATH EWS

Name of Person

EYW PROPERTIES, L.L.C.

Firm/Company

3321 OLYMPIC DRIVE # 625

Address

NAPLES, FLORIDA 34105

City/State and Zip Code

john.mathews(at) eywproperties.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN A. MATHEWS

Name of Person

at (239) 281-8055

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EYW PROPERTIES, L.L.C.

(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 9-26-2019 and assigned Florida document number L 19000243395

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)

3321 OLYMPIC DRIVE
#625
NAPLES, FLORIDA 34105

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3321 OLYMPIC DRIVE
#625
NAPLES, FLORIDA 34105

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

N/A

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.

N/A

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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			<input type="checkbox"/> Remove
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2020 APR 21 AM 11:36
CLERK OF DISTRICT COURT
JULIA A. HARRIS

2020 OCT 21 AM 11
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2020 OCT 21 AM 11:36
CLERK OF DISTRICT COURT
SOUTHERS DISTRICT OF INDIANA
INDIANAPOLIS, IN

(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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10-17-2020 2020

Signature of a member or authorized representative of a member

JOHN H MATHÉWS

Typed or printed name of signee

Filing Fee: \$25.00