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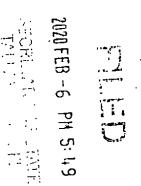
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COVER LETTER

O:

·O:	Registration Sec Division of Corp			
UBJE	ect: LDG	Naples LLC		
		Name of Limi	ted Liability Company	
`he en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
lease	return all correspon	ndence concerning this matter	to the following:	
		Michael	A. Werchek Name of Person	
		LDG N	aples, LLC Firm/Company	
		849 7th F	tvenue South, Suite	200
		Naple	S FL 34102 City/State and Zip Code	<u>.</u>
		Maplesre E-mall address: (sidanaples. Co	ification)
or fu	rther information c	oncerning this matter, please ca	all:	
	Nicole Fa	velte f Person	at (239) 234- Area Code Daytin	しし上し ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
⊠ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
	Division of C	Corporations	Division of Co	
	P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810
	i aiiaiiassee, l	しん フルントマ	7-115 14, 1410III	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability (A Florida	Limited Liability Company)		
Articles of Organization for this Limited Liability Co	ompany were filed on	1/2/20	_ and assigned
rida document number <u>L 2,000009303</u>	<u>_</u> .		
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limi	ited liability company h	<u>iere</u> :	
new name must be distinguishable and contain the words "Limi	ited Liability Company," the	designation "LLC" or the abbre	viation "L.L.C."
ter new principal offices address, if applicable:		<u>(7)</u>	- 2
rincipal office address MUST BE A STREET ADDR	<u> </u>	<u> </u>	_
		11	 (8)
		• •	0 -
ter new mailing address, if applicable:		1	
ailing address MAY BE A POST OFFICE BOX)			رت آست
serving traces the first party of the first party o			9
If amending the registered agent and/or registered ent and/or the new registered office address here:	d office address on our	records, enter the name o	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	
	City		

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.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	Name	Address	Type of Action
<u> 1GR</u>	Michael A. Werchek	849 7th Ave. S., Ste. 200	⊠Add
		849 7th Ave. S., Ste. 200 Naples, FL 34102	Remove
			Change
			□ Add
			Remove
			Change
			ZS Change 2020 FEB Add
		<u></u>	Remove
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tive date, if other than the date of fili ffective date is listed, the date must be specific ar	ng:	of films or more than 00 d	_ (optional)	A 202 ot transport
: If the date inserted in this block does not	nd cannot be prior to date meet the applicable st	atutory filing requirement	ents, this date w	ill not be listed
ment's effective date on the Department of	State's records.			
ord specifies a delayed effective date, but no	ot an effective time, at	12:01 a.m. on the earli	er of: (b) The	90th day after t
filed.	of all effective time, at	12.01 a.m. on the carr	er or. (b) The	your day ares t
00	A			
d 79 January	_, 2020			
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L. 1 /	00011 0 11	<i>//</i>		
d 29 January Signature of 2	Damary			·