## L20 00000 32835

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BEFARTHENT OF STADIC VISION OF CORRECTION OF CORREC

MAR 0 4 2020 S. YOUNG

## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

	gistration Sec vision of Corp			•
SUBJECT:	TE1	_ Enter prises O Name of Limit	F Naples, LC ited Liability Company	
		Amendment and fee(s) are sub- idence concerning this matter		
		John T	Cardillo Esq.	
		Cardillo Keith	Firm/Company	· .
		3550 Tamiam	Trail Fast	<del></del>
			4112 City/State and Zip Code CKb law · Cow Logo be used for future annual report notif	
For further i	nformation co	neerning this matter, please ca		ication)
<u>5</u> h	Name of		at ( <u>239</u> ) <del>774</del> - 8 Area Code Daytime	Telephone Number
Enclosed is	a check for the	e 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)
Re	uiling Address gistration S vision of Co	ection	Street Address: Registration Sec Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 & L Unterprises of Na	ples LLC		
(Name of the Limited Liability Companion (A Florida Limited L	<u>dy as it now appears on our records</u> hability Company)	<u>s.</u> )	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000032835</u> .	1		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	" or the abbreviewn "L.1C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		1	
		MEG E D	
Enter new mailing address, if applicable:		<b>建</b>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u> t	the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:		***	
	Enter Florida street address		
	, Flo	orida Zip Code	
Name Description of Assert's Commence of the said of t	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I fur	ther 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Laurie L. Myers	5761 Shady Dakis Lar	IC DANG
		Naples Fr 24119	□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
•			□Add
		- <u>-</u>	□Remove
	<del> </del>		□Add
			Remove
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-,			□Add
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			Change
+12-17-211			🗆 Add
			□Remove
			□ Change

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:
E. Effective date, if other than the date of filing:  (If an effective date is heard, the date must be specific and cannot be prior to date of filing or more than 30 days after filing.) Pursuant to 605 0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
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 filled.
Dated
Application of a member of authorized representative of a member
Thomas P Myers Typed or printed name of signer

Filing Fee: \$25.00