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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NICI LAW FIRM, P.L.

Account Number : 120110000008 Phone : (239) 449-6150 Fax Number : (877)646-0560

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1485 DEER HILL, LLC

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

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1485 Deer Hill, LLC	1000	G(X)
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	685 Lismore Lane	
Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34108	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	685 Lismore Lane Naples, FL 34108	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the i	name of the new regi
Nav. Paristand Office Address:		
New Registered Office Address:	Enter Florida street address	
	, Florida	ı
	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 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		2020 HAY 26		
Title	Name	Address	1. WE	Type of Action
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot be prior took does not meet the applica	o date of filing or more than 90 ble statutory filing require	(optional) O days after filing.) Pursuant to ments, this date will not be	605.0207 (3)(1 c listed as the
ne record specifies a delayed effective ord is filed.	e date, but not an effective tir	ne, at 12:01 a.m. on the car	rlier of: (b) The 90th day	after the
Dated May 26	2020	_·		
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	Lundard	rized representative of a mem		

Filing Fee: \$25.00