## L20000226690

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<u>#</u>
(Cit	y/Otate/Zip/+ none	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	e)
(Document Number)		
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TO:

Registration Section

## **COVER LETTER**

Division of Corporations					
Naples Luxi	ary Group Realty LLC				
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following.			
	David Joseph				
	Name of Person				
	Naples Luxury Group Realty LLC				
	Firm/Company				
	1686 Serrano Circle				
	Address				
	Naples, FL 34105				
		City/State and Zip Code			
	David@NaplesLuxuryGroup				
	E-mail address: (to	o be used for future annual report notification)			
For further information c	oncerning this matter, please ca	I <del>l</del> :			
David Joseph at (239) 45	1-1897 - OR - Kristine Hansen	239 280-7301 KristineHansenLLC@gmai	1		
Name o	f Person	at () Area Code Daytime Telephone Number	-		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fe Certified Copy (additional copy is enclosed)	tatus &		
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	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

Naples Luxury Group Realty LLC		
(Name of the Limite	d Liability Company as it now appears on our records A Florida Limited Liability Company)	5.)
The Articles of Organization for this Limited Liz Florida document number <u>L20000226690</u>	ability Company were filed on 7-29-2020	and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
		2021
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC	" or the abbreviation "F. L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
		3: 09
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE )	<u></u>	
	·	-
B. If amending the registered agent and/or reagent and/or the new registered office address		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	<u></u>
	***	• •
	, FR	orida

## 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.

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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>	Name	<u>Address</u>	Type of Action
MGR	Kristine Hansen	1936 Crestview Way	x Add □Add
		Naples, FL 34119	\ Remove
		<del></del>	□Change
			\ \ \ \ \ Add
			□ Remove
		Change	
		Change	
		Remove ;	
		<del></del>	
			□Remove
			Change
			□Add
		<del></del>	Remove
			□Add

Typed or printed name of signee

dotloop signature verification: if color is Not Thoro-