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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SALVATORI LAW OFFICE, PLLC

Account Number : I20170000055 : (239)308-9191 ; (239)552-4185 Fax Number

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

Email Address: LJS@SALVATORLLEGAL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OAK TREE LANE REAL ESTATE, LLC

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From: Sherrie Ode

Page: 3 of 5

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

OAK TREE LANE REAL ESTATE, LLC	un our recurse.)
(Nume of the Limited Liability Commany as it now unnears (A Florida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company were filed on DEC Florida document number L20000380609	CEMBER 4, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	re:
The new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abtreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Application of the street of t	
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	ecords, enter the name of the new regis
	: :
Name of New Registered Agent:	
New Registered Office Address:	<i>=</i>
Enter Flori	da street address
	Florida : 3
City	Zip Code -
New Registered Agent's Signature, if changing Registered Agent:	

accept the obligations of my position as registered agent as provided for in Chap 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

## (((1121000088222 3)))

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

Page: 4 of 5

<u>Title</u>	Name	Address	Type of Action
MGR	ANTHONY D'ERRICO	5950 BURNHAM ROAD	
		NAPLES, FL 34119	□Renvove
			☐ Change
Т .	ALEXIS CHAFFEE	5950 BURNHAM ROAD	≘Add
	<del></del>	NAPLES, FL 34119	□Re:nove
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		٠	□Remove
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			Remove
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From: Sherrie Ode

## (((H210000882223)))

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ffective date, if other	r than the date of filing: (optional) the date must be specific and cannot be prior to date of filing or more than 90 day's after filing.) Pursuant to 605.0
an effective date is listed, i pte: If the date inserte	the date must be specific and cannot be prior to date of thing of more than 30 days after fining) I distant to 60.50 and in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocument's effective dat	te on the Department of State's records.
	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after
l is filed.	
	/ / 2021
MARCUI	/ ///
ated MARCH 4	
ated MARCH 4	
ated MARCH 4	Signature of a member or authorized representative of a member