

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L21000165803

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To: Division of Corporations  
 Fax Number : (850) 617-6363

From: Account Name : SALVATORI LAW OFFICE, PLLC  
 Account Number : 120170000055  
 Phone : (239) 308-9191  
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Email Address: LJS@SALVATORI.LEGAL

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**33 TERRY COURT, LLC**

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APR 21 2021

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Corporate Filing Menu

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

33 TERRY COURT LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on APRIL 9, 2021 and assigned  
Florida document number L21000165803

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

P.O. BOX 711  
NAPLES, FL 34106

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PETER T YAWNEY	5150 TAMiami TRAIL NORTH, SUITE 304	<input type="checkbox"/> Add
		NAPLES, FL 34103	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	LEO J. SALVATORI	5150 TAMiami TRAIL NORTH, SUITE 304	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34103	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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