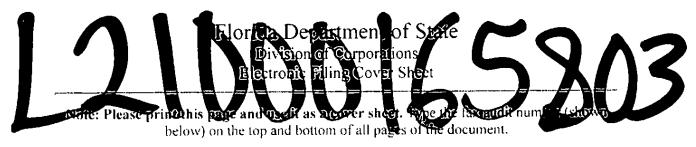
Page: 2 of 5

2021-04-20 19:43:10 GMT

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From: Sherrie Ode

Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : SALVATORI LAW OFFICE, PLLC Account Number : I20170000055
Phone : (239)308-9191
Fax Number : (239)552-4185

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@SALVATORI.LEGAL

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

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M. SOLOMON

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Help

From: Sherrie Ode

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

33 TERRY COURT LLC		₹.
(Name of the Limited Lightley Compa (A.Florids Limited L	ny as it nosy appears on our re liability Company)	cords.)
the Articles of Organization for this Limited Liability Company lorida document number <u>L21000165803</u> .	were filed on APRIL 9, 201	21 and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the aboreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	,	
		7. C
Enter new mailing address, if applicable:	P.O. BOX 711	. 300 =
Mailing address MAY BE A POST OFFICE BON	NAPLES, FL 34106	j
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	~	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	uldress
	City	Florida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agrowsions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6	es, and I am familiar with and 505, F.S. Or, if this document is
	•	•
If Cha	nging Registered Agent, Signat	lure of New Registered Agent

From: Sherrie Ode

(((H21000158276 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:

2021-04-20 19:43:10 GMT

MGR = Manager AMBR = Authorized Member Address Type of Action Title Name 5150 TAMIAMI TRAIL NORTH, SUITE 304 MGR PETER T YAWNEY NAPLES, FL 34103 □Change LEO J. SALVATORI 5150 TAMIAMI TRAIL NORTH, SUITE 304 NAPLES, FL 34103 □Remove □ Remove □ Change □Remove $\square Add$ □Remove

_ []Change

From; Sherrie Ode

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tive date, if other than the frecitive date is listed, the date must. If the date inserted in this blument's effective date on the Di	st he specific and cannot he prior to date of filing or more than 9 lock does not meet the applicable statutory filing require	(optional) Odays after filing.) Pursuant to 605 ments, this date will not be liste
		The Otthe day of a
cord specifies a delayed effectiv s filed.	re date, but not an effective time, at 12:01 a.m. on the ea	meron (B) The 90th day and

Filing Fee: \$25.00