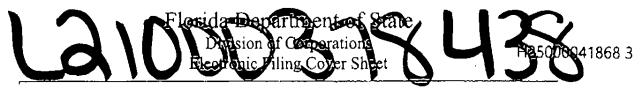
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FORSYTH & BRUGGER, P.A.

Account Number : I20040000147 Phone : (239)263-6000 Fax Number : (239)263-6757

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

Email Address: drew.josephson@raveis.com ____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

NAPLES RELOCATION EXPERTS LLC

Certificate of Status	0
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COVER LETTER

TO:		stration Se sion of Cor			H25000041868 3
		NAPLES R	Y		
SUBJE	C1: _		Name of Lin	_	
The enc	losed z	Articles of a	Amendment and fec(s) are sub	mitted for filing.	
Please r	eturn a	alf correspo	ndence concerning this matter	to the following:	
			DREW JOSEPHSON		
					
			NAPLES RELOCATION	EXPERTS LLC	
				<u> </u>	
			919 NOTTINGHAM DRI		
NAPLES, FL 34109					
				City/State and Zip Code	
			Drew.Josephson@raveis.co	on to be used for future annual report notification)	_
For furti	her infe	ormation co	meerning this matter, please c		
DREW				239 269-7685	
	_	Name of	Person	Area Code Daytime Telephone Num	ber
Enclose	d is a c	heck for th	e following amount:		
□ \$ 25	.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification.	Filing Fee, icate of Status & led Copy is enclosed)
	Regis Divis P.O.	ng Address stration S sion of Co Box 6327 hassee, F	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	· 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

H25000041868 3

Naples relocation experts LLC a flo	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number L21000378438	any were filed on August 23rd, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited !	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the appreciation "L.L.C"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	
	P
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Age	nt:
provisions of all statutes relative to the proper and comple	as provided for in Chapter 605, F.S. Or, if this document is
īc c	hynning Degistered 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>	Name	Address	Type of Action
AMBR	Joseph E. Caveney	6689 Mill Run Circle, Naples, FL 34109	₩Add
			□ Remove
			Change
			🗆 Add
			□Remove
			□ Chângc
			🗆 Add
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			□Change

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ffective date, if other than the an effective date is listed, the date mu	e date of filing:		(optiona	ı)
an effective date is listed, the date mu lote: If the date inserted in this b ocument's effective date on the D	lock does not meet the app	dicable statutory filing	ore than 90 days after filling requirements, this da	ng.) Pursuant to 605.020 te will not be listed a
record specifies a delayed effective is filed.	e date, but not an effective	e time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
February 3rd	, 2025	·		
<i>,</i>	2/			
	Signature of a member or at	nthorized representative of	of a member	

Filing Fee: \$25.00