## L21000409894

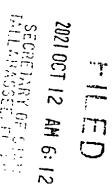
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## **COVER LETTER**

TO:

TO: Registration 5 Division of Co			
Napoli Pr	орену of Naples, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Stephen Levine		
		Name of Person	
		Firm/Company	
	2273 Phoenix Ave		
		Address	
	Davie, FL 33324		
	darylstair@att.net	City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	otitication)
For further information	concerning this matter, please c	all:	
Stephen Levine		954 536-5491 at ()	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address: Registration S	ection
Division of Corporations		Division of Co	orporations
P.O. Box 63 Tallahassee		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2021 OCT 12 AM 6: 12

Napoli Property of Naples LLC

of Naples LLC

(Name of the Limited Liability Company as it now appears on our weededs:)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/16/2021 and assigned Florida document number L21000409894

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 "LLC."

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)

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:

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_\_, Florida \_\_\_

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SPLIT ROCK COMMERCIAL	2273 PHOENIX AVE	
		DAVIE. FL 33324	[≝Remove
			□Change
AMBR	SPLIT ROCK COMMERCIAL 3	2273 PHOENIX AVE	🗹 Add
		DAVIE, FL 33324	□Remove
			□Add
			□Remove
			□Change
			Remove
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Effective date, if other t If an effective date is listed, the Note: If the date inserted document's effective date	in this block does no	t meet the applicab	date of filing or more than le statutory filing requi	(optional) 90 days after filing.) Purs rements, this date will r	uant to 605.0207 ( not be listed as t
e record specifies a delayed rd is filed.	l effective date, but n	iot an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The 90th	a day after the
OCTOBER 6	<i>a</i>	2021			
Dated	1/1	·	. ·		
•	_/ / _	_			
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	Signature of	a member or authori	zed representative of a mo	mber	

Filing Fee: \$25.00