8/31/22, 10:08 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000297158 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC Account Number : I20070000159

: (239)777-1028 Phone

Fax Number : (877)275-3593

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

Email Address: SUPPORT@LICENSESETC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN C&R LAND DEVELOPMENT SWFL, LLC

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(2)

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2022-09-01 21:09:11 GMT

From: Licenses Etc.

(((H22000297158 3)))

COVER LETTER

| Division of Cor | | | |
|---------------------------------|---|---|------------------|
| C&R LA | AND DEVELOPMEN | | |
| OUDJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | LISA ADAMS | | |
| | EISA ADAMS | Name of Person | |
| | LICENSES ETC., | | |
| | | Firm:Company | |
| | 27911 CROWN L | AKE BLV., SUITE # 211 | |
| | | Address | |
| | BONITA SPRING | S. FL 34135 | |
| | | City/State and Zip Code | |
| | SUPPORT@LICE | | |
| | E-mail address: (| to be used for finure annual report notification) | |
| For further information c | oncerning this matter, please c | all: | |
| LISA ADAMS | | at (239) 777-1028 Area Code Daytime Telephone Number | |
| Name o | f Person | at () | _ |
| Enclosed is a check for t | ne following amount: | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed) | f Status & py |
| <u>MailingAddres</u> | | StreetAddress: Registration Section | |
| Registration ! Division of C | | Division of Corporations | |
| P.O. Box 632 | 7 | The Centre of Tallahassee | |
| Tallahassee. | F1. 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |

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2022-09-01 21:09.11 GMT

From: Licenses Etc. (((H22000297158 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| C&R LAND DEVELOPMENT SWFL, LLC | | |
|---|--|--|
| (Name of the Limited Liability Company as it now (A Florida Limited Liability Com | appears on our records.) yany) | |
| The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L22000056331</u> . | on 02/02/2022 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability compa | iny here: | |
| The new name must be distinguishable and contain the words "Limited Liability Company. | "the designation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | S 22 - |
| 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | our records, enter the nam | 55 |
| | , Florida | |
| Cip | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performant accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address. I company has been notified in writing of this change. | nce of my duties, and Lam f or in Chapter 605, F.S. Or, | lamiliar with and if this document is |
| If Changing Registe | red Agent, Signature of New Res | istered Agent |

From: Licenses Etc.

(((H22000297158 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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|----------------|------------------|-----------------|
| AMBR | RODOLFO ORTEGA | 2211 16TH AVE SW | □ Add |
| | | NAPLES, FL 34117 | ■ Remove |
| | | | □ Change |
| AMBR | ANNIA MACHIN | 2211 16TH AVE SW | = Add |
| | | NAPLES, FL 34117 | □Remove |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | | ☐Change |
| | | | □Add |
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| нашси | ding any other informatio | n, enter change(s) ner | e. 3711aca adaminda | sieers, y recessory,y | |
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| Note: If | e date, if other than the dative date is listed, the date must be it the date inserted in this block it's effective date on the Depart | cdoes not meet the applic | able statutory filing rec | (optional) lun 90 days after filing.) Pu quirements, this date wil | rsuant to 605,0207 (3) Fnot be listed as the |
| ne record : ord is tiled | specifies a delayed effective d d | ate, but not an effective ti | me, at 12:01 a m on th | ne carlier of (b) The 91 | oth day after the |
| Dated _ | AUGUST 31 | 2022 | · | | |
| | A) | }_ | | | |
| | Si | gnature of a member or auth | orized representative of a | member | |
| | RANDY ORTEGA | | | | |
| | | Typed or print | ed name of signee | | |