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SECRETARY OF STATE
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O SIMMONS APR 2 6 7077

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1372.12 NAPLE Name of Limited	S LLC '
The enclosed Articles of Amendment and fee(s) are submi	ated for filing.
Please return all correspondence concerning this matter to	the following:
EDIMEIA	PERRUT Name of Person
137214 N	APLES LLC Firm/Company
1309 SW	29th St.
CAPE CORAL	FL 33914 City/State and Zip Code
E-mail address: (to be	be used for fature annual report notification)
For further information concerning this matter, please call:	
Beatric Letzke Name of Person	at (ZOL) — OS Z Z Z Z Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

137214 NAPLES 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 03/02/22 and assigned Florida document number 1 22 000 109184
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:
Name of New Registered Agent: EDIMEIA PERRUT
New Registered Office Address: Enter Florida street address
hPlease
Correct her NAME 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

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
			□Add
			□Remove
			□ Change
			□Add
			
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I Am WRITING this REQUEST &	LCAUSE
WAS A MISSPELLING IN M	y name
Correct NAME 15:	
ENIMEIA PERRUT	<u>_</u> _
Effective date, if other than the date of filing:	onal) - filing y Portyany to 605 0207 (3)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (becord is filed.) The 90th day after the
Dated MARCH 22 ZOZZ	
Signature of a member or authorized representative of a member	
EDINE RERU Typed or printed name of signee	T

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00