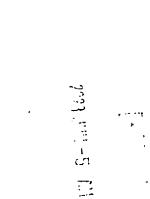


(Requestor's Name)
(Address)
(Address)
(.1001033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only





COVER LETTER

Registration Section

TO:

	OLLIER COUNTY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	AMANDA LEIGH GOOD	DMAN	
		Name of Person	
	GOODMAN & BREEN, F	P.A.	
		Firm/Company	
	3838 TAMIAMI TRAIL N	I. SUITE 300	
		Address	· · · · · · · · · · · · · · · · · · ·
	NAPLES, FL 34103		د. اس
		City/State and Zip Code	
	gbannual@gmail.com	to be used for future annual report not	וט
For further information c	oncerning this matter, please c		
	·		ب چ
BREANNA M. CANNII		239 403-3000 at ()	ne Telephone Number
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JWW OF COLLIER COUNTY

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on APRIL 21, 2023	and assigned
Florida document number L23000199136		
This amendment is submitted to amend the following:		i دع
A. If amending name, enter the new name of the limited liab	ility company here:	- :
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "[A.C."
Enter new principal offices address, if applicable:	1029 WEST STATE BOULEVARD	
(Principal office address MUST BE A STREET ADDRESS)	SUITE A	
	FORT WAYNE. IN 46808	
Enter new mailing address, if applicable:	1029 WEST STATE BOULEVARD	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE A	
	FORT WAYNE, IN 46808	
agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
l hereby accept the appointment as registered agent and agr		
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I a provided for in Chapter 605, F.S. (m familiar with and Or, if this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KENNETH D. GOODMAN	3838 TAMIAMI TRAIL N	□Add
		SUITE 300	■Remove
		NAPLES. FL 34103	□Change
MGR	TODD V. CHAFFEE	1029 WEST STATE BOULEVARD	= Add
		SUITE A	□Remove
		FORT WAYNE, IN 46808	□Change
			□Add
			□Remove
			①Change
			Add
			☐Remove ✓
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Page 2 of 3

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Page 3 of 3

Filing Fee: \$25.00