

# L23000273477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

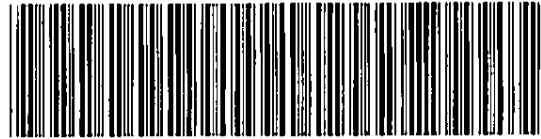
(Business Entity Name)

(Document Number)

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2023 JUN 13 PM 3:53  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
2023 JUN 13 AM 11:23  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 810854 7866413

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : June 12, 2023

ORDER TIME : 9:37 AM

ORDER NO. : 810854-005

CUSTOMER NO: 7866413

DOMESTIC AMENDMENT FILING

NAME: NAPLES FAIRWAY RETREAT LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Naples Fairway Retreat LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

George M. Morris, Esq.

\_\_\_\_\_  
Name of Person

Parker McCay P.A.

\_\_\_\_\_  
Firm/Company

9000 Midlantic Drive, Suite 300

\_\_\_\_\_  
Address

Mount Laurel, NJ 08054

\_\_\_\_\_  
City/State and Zip Code

gmmorris@parkermccay.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George M. Morris

856 810-5855  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime 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)

**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

## FILED

2023. 11. 13 PM 3:53

DEPARTMENT OF STATE  
TALLAHASSEE, FL

DEPARTMENT OF STATE  
TALLAHASSEE, FL

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cynthia Cromley	89 Beechnut Court	<input type="checkbox"/> Add
		Lumberton, New Jersey 08048	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	George M. Morris	89 Beechnut Court	<input type="checkbox"/> Add
		Lumberton, New Jersey 08048	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

2023 JUN 13 PM 3:58  
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CLERK, TALLAHASSEE, FL

7

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 9, 2023

Signature of a member or authorized representative of a member

George M. Morris

Typed or printed name of signee

**Filing Fee: \$25.00**