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EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	FCT.	DeLorenz	o Properties, LC	
			ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspondent	ondence concerning this matter	to the following:	
			Robert A DeLorenzo	
			Name of Person	
DeLorenzo Properties, LC				
		 	Firm/Company	
		149	5 Evans Street Ste 100	
			Address	
			Oviedo,Florida 32765	
			City/State and Zip Code	
robert@de E-mail address: (to be us			t@delorenzohomes.com to be used for future annual report notific	eation)
For fur	ther information of	concerning this matter, please c	all:	
	Rob	ert DeLorenzo	at (407)	366-0360
Name of Person		of Person	at (_407) 3 Area Code & Daytime	Telephone Number
Enclos	ed is a check for t	he following amount:		
\$25	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2011 JAN 14 PM # 43

De	eLorenzo Properties,LC	SEC TÁLIU	RETARY OF STATE AHASSEE: FLORIDA	
(Name of the Limited (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Lia	ability Company were filed on	5/26/2000	and assigned	
Florida document number L0000006	102			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
D	eLorenzo Properties,LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREE)	TADDRESS)			
		·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE L	30X)			
B. If amending the registered agent and/o	r registered office address on ou	r records enter t	he name of the new	
registered agent and/or the new registered off	•	r records, enter t	ne name of the new	
Name of New Registered Agent:	Robert DeLorenzo			
New Registered Office Address:	1495 Evans Street Ste 100			
	Enter Florida street address			
	Oviedo	, Florida	32765	
	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member **Title Address Type of Action** <u>Name</u> MGRM Robert DeLorenzo 1495 Evans Street Ste 100 ✓ Add Remove Oviedo Florida 32765 Nick Lenoci MGR **✓** Add 6227 Greatwater Drive Windermere, Fla34786 Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 . January 12 Dated ____ Signature of a member or authorized representative of a member Robert A DE Lucenzo
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00