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SECRETARY OF STATE
FALLAHASSEE, FERMINA

D. BRUCE
JAN 24 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	ons	•
SUBJECT: BAN	Name of Limited Liability Company	
The enclosed Articles of Amend	lment and fee(s) are submitted for filing.	
Please return all correspondence	e concerning this matter to the following:	
	Dris Ramos Name of Person Blank Bealty LLC Firm/Company	-
_	569 WATCK St. Address	-
	Celebration .FL. 34747 City/State and Zip Code	11 JA) SECRE
	E-mail address: (to be used for future annual report notification)	ASSI
For further information concerning this matter, please call:		
Name of Person	at (407, 301-0934). Area Code & Daytime Telephone Number	TALE ORAD
Enclosed is a check for the follo	owing amount:	
□ \$25.00 Filing Fee □ \$3	(additional copy is enclosed) Certified	ate of Status &

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

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BIANK KEALIT	LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on November 15, 2012 and assigned
Florida document number <u>L1000011830</u>].	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
Seguoia Realty L	.(C.
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	GOZALFANI ST DAVENPORT. FL. 33896
(Principal office address MUST BE A STREET ADDRESS)	Davenport. Fl. 33896
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>\$</u> ca
	LA L
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	SSE S
•	e e e e e e e e e e e e e e e e e e e
Name of New Registered Agent:	
New Registered Office Address:	A I
	Enter Florida street adaress
	, Florida
**************************************	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

 \bigcirc 1

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Title** Address <u>Name</u> ELISA DASILVA ☐ Add Remove Add Remove ☐ Add Remove Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Dated 12 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00