

L130000095534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Amend

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2013 AUG 15 AM 9:05
STATE
FILING OFFICE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
AUG 16 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAY REAL ESTATE GROUP, 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:

DAVID HURST

Name of Person

MAY REAL ESTATE GROUP, LLC

Firm/Company

5455 A1A

Address

ST. AUGUSTINE, FL 32080

City/State and Zip Code

HURSTD@ME.COM

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

For further information concerning this matter, please call:

DAVID HURST

Name of Person

at (828) 719.7243

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2013 AUG 15 AM 9:05

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MAY REAL ESTATE GROUP, 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 7.18.13 and assigned
Florida document number L13000095534.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

New Registered Office Address:

N/A

Enter Florida street address

Florida

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MYLES NEWELL	133 PALM COAST PARKWAY	<input checked="" type="checkbox"/> Add
		PALM COAST, FL 32137	<input type="checkbox"/> Remove
MGRM	ANNA MARKS	5455 A1A	<input checked="" type="checkbox"/> Add
		ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Remove
MGR	DAVID HURST	1360 CENTRE COURT RIDGE	<input checked="" type="checkbox"/> Add
		# 402	<input type="checkbox"/> Remove
		REUNION, FL 34747	
MGR	GREG ULMER	PO Box 840070	<input checked="" type="checkbox"/> Add
		ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

N/A

Dated 8.12.13

David Hurst

Signature of a member or authorized representative of a member

DAVID HURST

Typed or printed name of signee

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Filing Fee: \$25.00

FILED
2013 AUG 15 AM 9:05
NOTARY PUBLIC
COUNTY OF LOS ANGELES