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PICK-UP	☐ WAIT	MAIL
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K. SALY EXAMINER

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: South	nern Breeze R	ealty, LLC	
Sobsect.	Name of Limi	ted Liability Company	·
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The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kevin Schao	lick	
		Name of Person	
	Seeley, Savidg	e, Ebert & Gourash	Co., LPA
		Firm/Company	
	26600 Detro	it Road, Suite 30	00
		Address	
	Westlake, O	H 44145	
		City/State and Zip Code	
	kschadick@sseg	-law.com to be used for future annual report notified	(action)
		•	icanon)
	oncerning this matter, please ca		
Kevin Scha	ldick	_{at (} 216 ₎ <u>566-8</u> 2	200
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
	-	T \$55.00 Elling Egg &	□ \$60.00 Filing Fee
■ \$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)

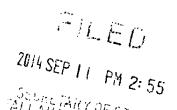
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Southern Breeze Elite Realty, 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 July 16, 2014 and assigned Florida document number <u>L</u>14000112533 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Southern Breeze Realty, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address , Florida _ City

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 605, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = 1 AMBR = 1	Manager Authorized Member		2811. Cr	
<u>Title</u>	<u>Name</u>	Address	2014 SEP 11 PM 2: 55 DECRETARY OF STATE MELAHASSEE, FLORIO/	Type of Action □ Add
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ding any other information, enter change(s) here: (Attach additional sh	neets, if necessary.)
	
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e date, if other than the date of filing: tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more this document is filed by the Florida Department of State)	(optional) e than 90 days after
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Signature of a member of a uthorized representative of a m	

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Filing Fee: \$25.00