UOG 000 1088 16

| estor's Name) | | | | |
|---|--|--|--|--|
| ss) | | | | |
| ss) | | | | |
| tate/Zip/Phone #) | | | | |
| WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE MILAHVISSEE FLORIDA

M. THOMAS

OCT. 1 7 2008

EXAMINER

COVER LETTER

TO: Registration Section

| Division of Corp | orations | | |
|-----------------------------|--|--|---|
| SUBJECT: VADA | 4/A Realty (Name of Limi | 1 240 | |
| | (Name of Limi | ited Liability Company) | |
| | | | |
| The enclosed Articles of A | amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | Anthony | (Name of Person) | |
| | VADAIA | Realty LLC (Firm/Company) | |
| | | (Firm/Company) | |
| | 1211 mil | AMA 57 (Address) | |
| | Cape Cons | City/State and Zip Code) | SECIE: FALL-HA |
| | / | (City/State and Zip Code) | |
| For further information co | ncerning this matter, please ca | | が表 る |
| Anthony U | IPAALA | at (<u>239)</u> 898 – 3 (Area Code & Daytime To | 2120 ANSAME elephone Number) Sm N |
| (Name or | f Person) | (Area Code & Daytime To | elephone Number) |
| | | | |
| Enclosed is a check for the | e following amount: | | |
| | \$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) |
| Registra | NG ADDRESS: ution Section of Corporations | STREET/COURIER Registration Section Division of Corporation | |
| P.O. Bo | x 6327 | Clifton Building | |
| Tallahas | 3000 EL 22214 | 2661 Evecutive Center | r Circla |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company (A Florida Limited Liability Company) | as it now appears on our records.) bility Company) |
|--|---|
| The Articles of Organization for this Limited Liability Company we Florida document number 20600108816. | vere filed on <u>HOV 6, ZOO 6</u> and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability | ty company here: |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | d Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 7 |
| (Principal office address MUST BE A STREET ADDRESS) | A DOUT |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | SEE, FLORIDA |
| B. If amending the registered agent and/or registered office 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) (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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title <u>Name</u> **Address Type of Action** DANIELLE DAMIAWOV MGR Add Remove Ft Myers, Fl. 33908 ☐ Add Remove 🗂 Add Remove ☐ Add Remove ☐ Add ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008. Dated OCH Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00