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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:

Registration Section
Division of Corporations

LANDMARK REALTY OF ST PETERSBURG LLC

SUBJECT

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:

KEVIN L. CHADWICK

Name of Person

LANDMARK REALTY OF ST PETERSBURG LLC

Firm/Company

111 2nd AVE NE, SUITE 400

Address

ST PETERSBURG, FL 33701

City/State and Zip Code

KLRW882@KW.COM

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

For further information concerning this matter, please call:

KEVIN L. CHADWICK

Name of Person

,,,727_,894-1600

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)

Certificate of Status &CT
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

LANDMARK REALTY OF ST PETERSBURG LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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Enter Florida street address , Florida		
		Zip
	enter the na	enter the name of

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

<u>Title</u>	Name	Address	Type of Action
Director	David R Weber	111 2nd AVE NE	Add
		SUITE 400	Remove
		ST PETERSBURG, FL 370	<u>)1</u>
			Add
			Remove
			
			Add
			Remove
			Add
			Remove
			APR 23
			Add
			Remove
			_
			Remove

. If amending any other inform	ation, enter change(s) here: (Attach additional she	ets, if necessary.)
APRIL 19	2013	
	Threelend	
Si	gnature of a member or authorized representative of a me	ember
KEVIN L. CHA	DWICK	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

2018 APR 23 PH 2: 5: