10000100581

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJECT: Anytim			Realty LLC			
00100			ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Jos	eph Ciarla			
			Name of Person			
A <u>r</u>		time Realty LLC				
25			1			
			33 N Toledo Blade Blvd Address	#3		
	Address					
		No	rth Port FL 34289 City/State and Zip Code			
	anytimerealty@gmail.com					
		E-mail address: (to be used for future annual report	notification)		
For fur	ther information c	oncerning this matter, please ca	ill:			
Joseph Ciarla		at (941) 730-	1247			
Name of Person		Area Code Day	time Telephone Number			
		he following amount:				
□ \$ 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (copy is enclosed)	SECI
					JUN -5 CRETAR LAHASSI	RETAL
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			JRIER ADDRESS:	m~	800 0 45 0 45	
		Registration Se Division of Con	porations	OF SI	- 10 m	
		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		3: 46 STATE ORIDA	ATION:	



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anytime 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 __10/27/2010 and assigned Florida document number L10000100581 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2563 N Toledo Blade Blvd #3 Enter new principal offices address, if applicable: North Port FL 34289 (Principal office address MUST BE A STREET ADDRESS) 2563 N Toledo Blade Blvd #3 Enter new mailing address, if applicable: North Port FL 34289 (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 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 without 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 Hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	Alicia King	2323 Saginaw Road			
		North Port FL 34286	⊠ Remove		
			Change		
MGR	Joseph Ciarla	2563 N Toledo Blade Blvd #3	⊠ Add		
		North Port FL 34289	Remove		
			Change		
			Add		
			□ Remove		
			Change		
			🗆 Add		
			Remove		
			Change		
			SECRETARY OF STATE DIVISION OF CORPORATIONS 150 JUN 55 AN 3: LOS RECRETARY OF STATE 150 CRETARY OF STATE 161 CRETARY OF STATE 162 CRETARY OF STATE 163 CRETARY OF STATE 164 LAHASSEE, FLORIDA		
			□ Change		

). If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necess	ary.)		
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Note: If the dat	if other than the date of filing:	ul) ng.) Pursuant ite will not ¹	to 605. be liste	0207 (3)(I d as the
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m ay after the record is filed.	1. on the	earlie	er of:
B / 1	6/4 2015			<u>0</u>
Dated		Ξco	<u>.</u>	SI SI
	JUL STA	E E	<u>-</u>	SIOS
	Signature of a member or authorized representative of a member	- }	— ≥	FTA.
		HASSE ASPEN	Ċ.	CC RY
	Joseph Ciarla Typed or printed name of signee	<u> </u>		22 C
	- Marie C. Erming Junite of SiBires	SE	3: 46	STA SRA
		양표	91	317
	Page 3 of 3			ONS E

Filing Fee: \$25.00