LO2000020295

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	



08/09/11--01020--001 **30.00

2011 AUG - 9 AM 8: 13 FILED rLORIDA

J. SAULSBERRY EXAMINER

AUG 10 2011

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	ALLIED REAL ES	TATE/SUITE 205, L.L.C.	۶		
	Name of Limi	ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
		Ann Nunn	.		
		Name of Person			
		Firm/Company			
	<u></u>	3157 Club Drive			
				7. Z	,
	Mir	amar Beach, FL 32550 City/State and Zip Code		SECR	•
	ann	nunndestin@gmail.com		SECRETARY	;
For further information	E-mail address: (-	alion)	EE, F	
	Ann Nunn		30-6020		e L
Name	of Person	Area Code & Daytime	Telephone Number	, ,	-
Enclosed is a check for	the following amount:				
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	d)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLIED REAL ESTATE/SUITE 205, L.L.C.

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

08/09/2002 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L02000020295 Florida document number ____

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 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:	ASSE
(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	
	, F	'lorida
	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 Changing Registered Agent, Signature of New Registered Agent

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Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

,

j.

Title	Name	Address	Type of Action		
MGRM	The Elizabeth Ann Nunn REVOCABLE TRUST	3157 Club Drive Miramar Beach, Fl. 32550	Add Z Remove		
<u>MGRM</u>	Elizabeth Ann Nunn	3157 Club Drive Miramar Beach, FL 32550	Add Remove		
			Add Remove		
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
			FILED 2011 AUG -9 AM 8: 13 SECRETARY OF STATE TALLAHASSEET FLORIDA		
Dated	August 8 , 201	1 21 ml the Elizabut Dann Junn	Revocable Trus		
Signature of a member or authorized representative of a member Elizabeth Ann Nunn as Trustee of the Elizabeth Ann Nunn Revocable Trust					
Typed or printed name of signee					
Page 2 of 2					

Filing Fee: \$25.00