L03000042115

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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration Section
Division of Corporations

_{SURIECT:} BA Realty, LLC

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:

Patricia Lugo

Name of Person

BA Realty, LLC

Firm/Company

1135 Pasadena Ave So, #302

Adgres

St. Petersburg, FL 33707-2856

City/State and Zip Code

beachaccess@ij.net

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

For further information concerning this matter, please call:

Patricia Lugo

,727<u>,</u>34**5-227**3

Name of Person

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)

□\$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

FILED.

2010 OCT 30 PM 12: 23

SEGGE LANT OF STARS.

SEGRETANT OF STATES TALLAHASSEE, FLORIDA

BA Realty, LLC		
(<u>Name of the Limited Lial</u> (A Flor	pility Company as it now appears or rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L03000042115</u>	ity Company were filed on Octob	er 31, 2003 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
LionsHeart Realty, LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	;	
(Principal office address MUST BE A STREET A	DDRESS)	
•		- Colored Marie Colored State Colored
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter i	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

<u>Title</u>	Name	Address	Type of Action
MGRM	Sabrina Lugo	1135 South Pasadena Ave So, #302	2 🖌 Add
		St. Petersburg, FL 33707-2856	Remove
	•		AddRemove
		•	Add Remove
			Add Remove
<u> </u>			Add Remove
<u> </u>	·		Add Remove

D. If amending any other information, enter change(s) here: (Attack	h additional sheets, if necessary.)
Dated October 28 2013	
Signature of a member or achorized rep	rosentative of a member
Patricia Lu Typed or printed name &	ar)
Page 3 of 3	prenec

Filing Fee: \$25.00

FILED PN 12: 23