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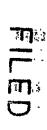
EXAMINER



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SECRETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

TO:	Registration Se Division of Co				
SUBJE	ССТ:	Market Name of Limi	Title LLC ted Liability Company		2010. SEC TALL
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		JAN 21 PH
Please	return all correspo	ondence concerning this matter	to the following:		SSEE SSEE
			Shern Heller Name of Person		2010 JAN 21 PM 2: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA
			Market Title 1	LCC	
		18205	Biscaye Bl	ud Svik	2205
	,	Avent. She	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	160 He.net	
For fur	ther information o	concerning this matter, please c		,	
	She,	of Person	at (305) C/05	- 030)	-
		he following amount:			
1 \$23	100 Filing Ree	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing I Certificate of Certified Coj (additional co	Status &

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

Mark	cet Title	LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now app Limited Liability Compan	oears on our records.) y)		
The Articles of Organization for this Limited Liability Florida document number		3/10/04	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company	<u>here</u> :		
The new name must be distinguishable and end with the wo	ords "Limited Liability Co	mpany," the designation "	LLC" or the abbrevia	_ ation
L.L.C."			ਕ ੂ 2	
Enter new principal offices address, if applicable:			2010 J	
(Principal office address MUST BE A STREET ADD	RESS)		A A	<u> </u>
			N21 TARY	
				IT
Enter new mailing address, if applicable:			ST. 23	
(Mailing address MAY BE A POST OFFICE BOX)			PM 2: 08)F STATE . FLORIDA	
_				
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		n our records, <u>enter</u>	the name of the I	<u>new</u>
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 Changing Registered Agent, Signature of New Registered Agent

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 Address Type of Action** Name MGRM Sherr R. Heller MGRM Sherr R. Heller PA ☐ Add Remove Remove . 🔲 Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) sole Member, Sherri R. Heller is removed sole Member. Shorr R. Heller PA is added Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00