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Office Use Only



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SEUNCIARY OF STATE

SEUNCIARY OF STATE

K. SALY EXAMINER MAR 9 2011

COVER LETTER

$oldsymbol{\cdot}$			
TO: Registration Section Division of Corporations			
SUBJECT: Colins Cooley Realty Group, 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:			
Name of Person			
Red Door Realty, LLC.			
PO BOX 174 Address			
Destin FL 32540-0174 City/State and Zip Code			
E-mail address: (to be used for future angual report notification)			
For further information concerning this matter, please call:			
Name of Person at (850) 428-1932 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

at a few attacks and dealers.

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**

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SECRE JARY OF STATE
FALLAHASSEE, FLORIDA

(Name of the Limited Liability Compan (A Florida Limited Li	iv as it how appears on our re- iability Company)	COORD TALLAHASSEE, E	
The Articles of Organization for this Limited Liability Company Florida document number LOHO00336014	were filed on May 3	2004 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabing the new name of the limited liabing the new name must be distinguishable and end with the words "Limit L.L.C."		signation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Po Box 17 Destin, Fi	14 32540-0174	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		s, enter the name of the new	
Name of New Registered Agent:	Orr		
New Registered Office Address:	Entay Florida	street address	
	, F	Florida 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, Uhereby 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 Type of Action Address Title Name . MGRM Kayci Ovr MGRM KAyci Cooky Remove ☐ Add Remove _ Add Remove $\prod Add$ Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00