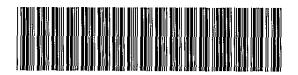
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: (4) (Mullid Hard) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9



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TRANSMITTAL LETTER

TO: Registration Se Division of Cor	porations		· · · · · · · · · · · · · · · · · · ·
SUBJECT: A	TO Z REALTY (Name of Lin	LLC.	
,	(Name of Lin	nited Liability Company)	•
			•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	-
Please return all correspondent	ondence concerning this matter	to the following:	·
-	Salario al	FICKING TON Jame of Person)	
-	(N	Jame of Person)	<u> </u>
	A 70 7	REALLY LLC.	
	(F	Pirm/Company)	
	•		•
	3360 Ca	OITAL CIRCLE NE,	Suite B
	TALLAHASSEE	EFL 3030 8 State and Zip Code)	
	(City/	State and Zip Code)	. •
For further information	concerning this matter, please c	all:	
	(Name of Person)	at () (Area Code & Daytime	Telephone Number)
•	,	*	•
	•	•	
Enclosed is a check for the	following amount:		
Cl \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A to Z Realty, LLC	
* *	(Present Name) (A Florida Limited Liability Company)	·
FIRST:	The Articles of Organization were filed onMay 20th, 2005 and assigned document number L05000050438	n n
		The Book Have J
SECOND:	: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:	ited
1. Remove Yolan	nda Garcia Pilkington as (MGR)	
2. Remove Antho	ony Stephens as (MGRM)	
3. Add William Da	Dallas Marshall as (MGR) of 1605 Paula Drive Tallahassee Florida 32303	
- Chang Advand	tage health of Tallahassee, UC . ALLAHASSEE	95 T
Dated Ma		
	Signature of a member of authorized representative of a member	i kalanda ka
	Signature of a member of authorized representative of a member	
	Typed or printed name of signee	the street to get the

Filing Fee: \$25.00