

K. SALLY  
EXAMINER  
JUN 24 2013

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STATESIDE INTERNATIONAL 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:

LISA WALLACE

Name of Person

STATESIDE INTERNATIONAL REALTY, LLC

Firm/Company

PO BOX 20824

Address

SARASOTA, FL 34276

City/State and Zip Code

LISA@STATESIDEINTERNATIONALREALTY.COM

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

For further information concerning this matter, please call:

LISA WALLACE

Name of Person

at (941) 400-4084

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**

STATESIDE INTERNATIONAL REALTY, LLC

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

FILED  
13 JUN 21 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/25/2005 and assigned  
Florida document number LO5000072656.

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:**

**(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*

\_\_\_\_\_, 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**

| <u>Title</u> | <u>Name</u>     | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|-----------------|-------------------------|--|
| MGRM         | ELAS C. WALLACE | Po Box 20824, Sarasota, | <input type="checkbox"/> Add               |
|              |                 | FL 34276                | <input checked="" type="checkbox"/> Remove |
|              |                 |                         |  |
|              |                 |                         | <input type="checkbox"/> Add               |
|              |                 |                         | <input type="checkbox"/> Remove            |
|              |                 |                         |  |
|              |                 |                         | <input type="checkbox"/> Add               |
|              |                 |                         | <input type="checkbox"/> Remove            |
|              |                 |                         |  |
|              |                 |                         | <input type="checkbox"/> Add               |
|              |                 |                         | <input type="checkbox"/> Remove            |
|              |                 |                         |  |
|              |                 |                         | <input type="checkbox"/> Add               |
|              |                 |                         | <input type="checkbox"/> Remove            |
|              |                 |                         |  |
|              |                 |                         | <input type="checkbox"/> Add               |
|              |                 |                         | <input type="checkbox"/> Remove            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

---

---

---

---

---

Dated 06/19, 2013.

LWallace

Signature of a member or authorized representative of a member

LISA WALLACE

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**