

LO5000087275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

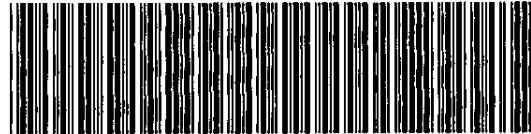
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6/1/11



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FILED
11 MAY 27 AM 10 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 31 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pathway Properties 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:

Karen S Sherman

Name of Person

Pathway Properties LLC

Firm/Company

239 Tallwood Drive

Address

Casselberry, Florida 32707

City/State and Zip Code

info@Pathwaypropertiesllc.com

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

For further information concerning this matter, please call:

Karen S Sherman

Name of Person

at (407)

463-3777

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Pathway Properties LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09-02-2005 and assigned
Florida document number L05000087275.

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)

239 Tallwood Drive

Casselberry, Florida 32707

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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11 MAY 27 AM 10:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Karen S Sherman

New Registered Office Address:

239 Tallwood Drive

Enter Florida street address

Casselberry

City

Florida

32707

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.

Karen S. Sherman

If Changing Registered Agent, Signature of New Registered Agent

EFFECTIVE DATE 6/1/11

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	Robert D McRaney	239 Tallwood Drive Casselberry, Florida 32707	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Karen S Sherman	239 Tallwood Drive Casselberry, Florida 32707	<input checked="" 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.)

Effective date of changes is June 1, 2011

FILED
MAY 27 AM 10 59
TALLAHASSEE, FLORIDA

Dated May 26, 2011



Signature of a member or authorized representative of a member

Karen S Sherman

Typed or printed name of signee