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SECRETARY OF STATE TALLAHASSES, ELORIDA

## **COVER LETTER**

то:	Registration S Division of Co			
SUBJE	СТ:	Touchstone Name of Lim	Realty, LLC ited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		<u>Jeannie</u>	Shipp/Marti Name of Person	Winfield
		Touchsto	one Realty,	
		3510 1	VE 14 5t. Address	
			FL 34470 City/State and Zip Code	law.com 35
		E-mail address: (	Midgett elder to be used for future annual report notif	law.com us control
For furt	her information	concerning this matter, please ca	all:	
	Marti Name	Winfield of Person	at ( <u>352)</u> <u>369 - C</u> Area Code Daytime	3 7 77 Telephone Number
Enclose	d 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)
	Regist Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerula Tallahassee, FL 32:	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

igned
chstone Realty LLC  Same of the Limited Liability Company arit now appears on our records.)  (A Florida Limited Liability Company)  this Limited Liability Company were filed on
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## 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Daniel J Robertson	3510 NE 14 St. Ocala, FL 34470	Add
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an effectiv	date, if other than the dove date is listed, the date must he date inserted in this blo	be specific and cannot	ot be prior to dáte o ne applicable sta	of filing or more than		g.) Pursuant to 605.0	
	5 11.50m · C 3010 · m · m · 20						
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locument e record The 90	d specifies a delayed oth day after the reco	ord is filed.	2016.			on the earlier	of:

Page 3 of 3

Filing Fee: \$25.00