FEB-11-2010 Division d	Corporations Electronic Filing Cover Sheet	Hage 1 off
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	Note: DO NOT hit the REFRESH/RELOAD button on your browser from this p Doing so will generate another cover sheet.	age.
	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : SMITH & GROMANN, P.A. Account Number : 075350000233 Phone : (561)372-2700 Fax Number : (561)892-0743 *Enter the email address for this business entity to be used for fi	
	annual report mailings. Enter only one email address please. **	
RECEIVED 10 FEB 11 PH (2: 37	Email Address: NONE LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STENA REALTY ASSOCIATES, LLC Certificate of Status O Certificate of Status O Page Count D2 Estimated Charge	FILED 10 FEB 11 AM 8: 33 SECRETARY OF STATE FALLAHASSEE, FLORIDA
	Electronic Filing Menu Corporate Filing Menu Help	J. BRYAN FEB 1 2 2009 EXAMINER

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TALLAHASSEE. FLORIDE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Siena Realty Associates, 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 _____03/13/2006 and assigned FlorIda document number ______L06000026747 ____,

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SRA REALTY ASSOCIATES, LLC

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 multing address, if applicable:

(Muiling 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:	GLENN E. GROMANN	<u>_</u>	
New Registered Office Address:	21688 Wapford Way		
	Enter Florida street address		
	BOCA RATON	, Florida	33486
	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.

Chinging Registered Agent, Signature of New Registered Agent

Page 1 of 2

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If umending 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>	Name	Address	Type of Action
			Add Remove
	- <u></u>		_☐ Add Remove
	and a surface of the second		Add .
			Add Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

 Dated	February 11	ALLAHASSEE. FLORIDA	10 FEB 11 AM 8: 33	FILED
	Signature fra member or authorized representative of a member GLENN E. GROMANN		-	
	Typed or printed name of signce Page 2 of 2			
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	Filing Fee: \$25.00			

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