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## **COVER LETTER**

Division of Co	rporations		
Real Estate	Lifestyles LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Judy Ann Rowlett		
	<del></del>	Name of Person	
	Real Estate Lifestyles LL0	С	
		Firm/Company	
	2863 Phillips Road		
		Address	
	Bonifay, Florida 32425		
	captwer@yahoo.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca	all:	
Judy Ann Rowlett		850 547-1333	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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

TO:

**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

REAL ESTATE LIFESTYLES 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 and assigned Florida document number \_\_\_\_\_\_\_L06000062489 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 contain 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) ယ B. If amending the registered agent and/or registered office address on our records, enter the fiame of the new registered agent and/or the new registered office address here: Judy Ann Rowlett Name of New Registered Agent: 2863 Phillips Road New Registered Office Address: Enter Florida street address

## 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.

City

Bonifay, Florida

If Changing Registered Agent, Signature of New Registered Agent

, Florida 32425 Zip Code 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>	Name	Address	Type of Action
MGR	Rowlett, Wayne ESR		□ Add
		2863 Phillips Road, Bonifay, FL	
		32425	■ Remove
			Change
			Remove
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effective date is e: If the date	other than the date of listed, the date must be specinscrited in this block does live date on the Department.	cific and cannot be es not meet the a	applicable statute	ling or more than 90 ory filing requirer	(optional) days after filing.) Punents, this date will	rsuant to 605.02 I not be listed a
record spec he 90th day	ifies a delayed effec after the record is	tive date, bu filed.	it not an effe	ctive time, at	12:01 a.m. on	the earlier
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	September 9 Judy	re of a member of	) owlett r authorized repres	sentative of a memb	er	
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Filing Fee: \$25.00