

LL6666 0109773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

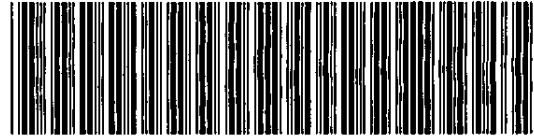
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PLEASURE SEEKERS REAL ESTATE INVESTMENTS, 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:

GARY TUTOR  
Name of Person

PLEASURE SEEKERS REAL ESTATE INVESTMENTS  
Firm/Company

2280 TALLY RD  
Address

LEESBURG, FL 34748  
City/State and Zip Code

garyt@anchorcoatings.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Tutor at (352) 267-4143  
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

PLEASURE SEEKERS REAL ESTATE INVESTMENTS, 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 7/13/2006 and assigned Florida document number L06000069773.

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)

2280 TALLY RD  
LEESBURG, FL 34748

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE  
2018 OCT - 8 PM 1:01  
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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:

GARY TUTOR

New Registered Office Address:

615 LAKESHORE DRIVE

Enter Florida street address

LEESBURG

City

Florida

34748

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 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.

Gary Tutor  
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>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>SMALLWOOD, MARVIN O.</u>	<u>36025 MICRO RACETRACK RD</u>	<input type="checkbox"/> Add
		<u>FRUITLAND PARK, FL 34731</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>SEC</u>	<u>THOMPSON, RAWDY</u>	<u>340 HEALD WAY</u>	<input type="checkbox"/> Add
		<u>SUITE 224</u>	<input checked="" type="checkbox"/> Remove
		<u>THE VILLAGES, FL 32163</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>DEBBIE TUTOR</u>	<u>615 LAKESHORE DR</u>	<input checked="" type="checkbox"/> Add
		<u>LEESBURG, FL 34748</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>AMANDA KELLEY</u>	<u>1305 Crestview Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Mount Dora, FL 32757</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>NICOLE FREDERICK</u>	<u>2020 NW 15<sup>th</sup> Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Gainesville, FL 32605</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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OPTIONAL  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated Oct 2, 2015.

Mary Tutor  
Signature of a member or authorized representative of a member  
Gary Tutor  
Typed or printed name of signee