

107000028128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500137176865

12/19/08--01008--018 \*\*55.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 DEC 19 PM 1:53

G. MCLEOD

DEC 22 2008

EXAMINER

cf \$25.00  
cc \$30.00

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 823 SE 47th Terrace 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:

Kathleen Gray

(Name of Person)

↓

(Firm/Company)

P.O. Box 176157

(Address)

Ft. Mitchell, Kentucky 41017

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Gray

(Name of Person)

at ( 239 ) 826-6988

(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

RECEIVED  
DEC 18 AM 10:35  
TALLAHASSEE, FLORIDA

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

823 SE 47th Terrace 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 March 15, 2007 and assigned  
Florida document number L07000028128.

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)

1739 Golf Club Drive

Unit #1

North Ft. Myers, FL 33903

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1739 Golf Club Drive

Unit #1

North Ft. Myers, FL 33903

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 DEC 19 PM 1:53

**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:

David Dwertman

New Registered Office Address:

1739 Golf Club Drive, Unit #1

*(Enter Florida street address)*

North Ft. Myers

*(City)*

, Florida 33903

*(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.*

  
(If Changing Registered Agent, Signature of New Registered Agent)

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>
MGR	Lionel Gray	607 W Eldorado Cape Coral, FL 33914	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Real Estate Holdings of N. KY, LLC	P.O. Box 176157 Ft. Mitchell, KY 41017	<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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated December 11<sup>th</sup>, 2008

Kathleen Gray, Manager  
Signature of a member or authorized representative of a member

Real Estate Holdings of N. KY, LLC by Kathleen Gray, Mgr.  
Typed or printed name of signee