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SECRETARY OF STATE
ALLAHASSEF FLORIDA

T. HAMPTON

COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Se Division of Con						
SUBJECT: LANDMARK REALTY RESIDENTIAL, LLC (Name of Limited Liability Company)						
	Amendment and fee(s) are sub	_				
	JOSEPH SELWAY					
	LANDMARK REALTY RI	(Name of Person) ESIDENTIAL, LLC				
	26 S. BROOKSVILLE AV	(Firm/Company)				
		(Address)				
	BROOKSVILLE, FL 3460	J1 (City/State and Zip Code)				
For further information of	concerning this matter, please c	all:				
WENDY HARVEY (Name	of Person)	at (352) 799-8070 (Area Code & Daytime T	elephone Number)			
Enclosed is a check for t	he 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	ING ADDRESS: ration Section on of Corporations	STREET/COURIER Registration Section Division of Corporation				

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

	ORGANIZATION OF	F 08 JUI SECRET
LANDMARK REALTY RESIDENTIAL, LLC		FILE JUN II
	npany as it now appears on our recorded Liability Company)	FLORIDE and assigned
The Articles of Organization for this Limited Liability Compa	any were filed on 04/20/2007	and assigned
Florida document number L070000042578		J
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Company," the designat	tion "LLC" or the abbreviation
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)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ater the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida stre	eet address)
	, Floric	,
	(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.

(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>	Address	Type of Action
MGR	ROY SELWAY	15776 DURANGO CIRCLE BROOKSVILLE, FL 34604	Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necess	sary.)
			FILED 08 JUN II PH 1: 30 SECRE ARY OF S ATE TALLAHASSEE, FLORIDA
Dated	Signature of a member	er or authorized representative of a member	30
	JOSEPH SELWAY Typec	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00