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EXAMINER



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SECNETARY OF STATE

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:	LORIDA REA	LTY PARTNERS A	emi LLC
•	•		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SCOTT A	(Name of Person)	
		(Name of Person)	
		(Firm/Company)	
		(Firm/Company)	
	15562 VA	ALECAS LAVE (Address)	
		(Address)	
	NAPLES	FL 34/10 (City/State and Zip Code)	
	·	(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
SCOTT L)ASCANI	at (239) 677-696 (Area Code & Daytime T	1
(Name	of Person)	(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)

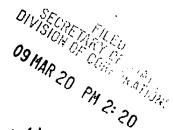
MAILING ADDRESS:

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



FLORIDA REALTY	PARTNERS FMILLC	
FLORIDA REALTY (Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{09/07/07}{}$ and assigned	
Florida document number <u>Lo7000091757</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	13121 University DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	13121 UNIVERSITY DRIVE FORT MYERS, FL 33907	
Enter new mailing address, if applicable:	13121 University Drive	
(Mailing address MAY BE A POST OFFICE BOX)	13121 University Drive FORT MYERS, FL 33907	
New Registered Office Address: /3/2/		
	(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 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 **Type of Action Address Title** <u>Name</u> SCOTT A. DASCANI 15562 ☐ Add Remove Add
 Remove Remove Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Scott A. DASLAN'
Typed or printed name of signee

Page 2 of 2

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