

107000091761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

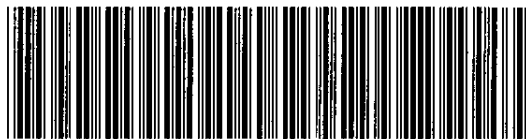
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

MAR 23 2009

EXAMINER



100142650101

03/20/09--01012--014 \*\*75.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 20 PM 2:20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA REALTY PARTNERS FM 2 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:

SCOTT A. DASCANI  
(Name of Person)

(Firm/Company)

15562 VALLECAS LN  
(Address)

NAPLES, FL 34110  
(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT DASCANI  
(Name of Person)

at (239) 877-6961  
(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF  
DIVISION OF CORPORATIONS  
09 MAR 20 PM 2:20

FLORIDA REALTY PARTNERS Fm2 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 09/07/2007 and assigned  
Florida document number L07000091761

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)

13121 University Drive  
FORT MYERS, FL 33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13121 University Drive  
FORT MYERS, FL 33907

**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:

Hubert MURRAY

New Registered Office Address:

13121 University Drive

(Enter Florida street address)

FORT MYERS

(City)

Florida 33907

(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.

(X)

Hubert Murray

(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          | SCOTT DASCANI | 15562 VALLELAS LN<br>NAPLES FL 34110 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |               |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

---



---



---



---



---

Dated 03/07 /, 2009.



Signature of a member or authorized representative of a member

SCOTT A. DASCANI

Typed or printed name of signee