20700099272

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only





900241895259

12/20/12--01001--012 **25.00

ALLAHASSE FLORD

19 PH 3: 26 SE

12 DEC 18 PM 4: 33
SECRETARY OF STATE
ALLAHASSEE, FLORID:

APPROVED AND FILED

D. BRUCE

DEC 19 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2012

CATHY HENKE 6220 TAYLOR ROAD, SUITE 103 NAPLES, FL 34109

SUBJECT: FLORIDA FOUNDATION REALTY, LLC

Ref. Number: L07000099272

We have received your document for FLORIDA FOUNDATION REALTY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 812A00029408

SECRETARY OF STATE
TALL A MARGET EL COMO

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Florida Foundation Realty, 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:

Cathy Henke

Name of Person

Florida Foundation Realty, LLC

Firm/Company

6220 Taylor Road, Suite 103

Address

Naples, Florida 34109

City/State and Zip Code

cathy.henke@ymail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Henke

Name of Person

239, 919-5044

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

23. \$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

APPROVEU AND

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on c	ur records.	
The Articles of Organization for this Limited Liability Comparing L0700099272 L0700099272			assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," t	ne designation "LLC" or th	e abbreviation
Enter new principal offices address, if applicable:			,
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	Ę	
		33. 55. 18.	AND AND
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		(C)	**
		, j	- ω
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I		ecords, <u>enter the name</u>	of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street address	
water-floor such a half-size to a final from		, Florida	*
	City	Zip Co	nde

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

<u>Title</u>	Name	Address	Type of Action
MGR	Lois Beatrice Vetter	143 Tahiti Road	Add
		Marco Island, FL 34145	Remove
		.	_
		-	Add
			Remove
			Add
			Remove
			1230EC
		·	ARPROVED RESPONSIVATE ARPROVED AND AND AND AND AND AND AND A
		,	Remove
			Remove

ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>
cember 5, 2012
000
y Vela E shoup
Signature of a member or authorized representative of a member
Peter E Shoup
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

APPROVED AND FILED

12 DEC 18 9H 4: 3: