

LD8000013888

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(City/State/Zip/Phone #)

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2011 MAR 14 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 14 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PTH 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:

ADRIANNE COMERFORD

Name of Person

COMERFORD & DOUGHERTY, LLC

Firm/Company

1122 Franklin Avenue, Suite 406

Address

Garden City, New York 11530

City/State and Zip Code

ahopper@mcmdlaw.com

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

For further information concerning this matter, please call:

Adrianne Comerford

Name of Person

at (516)

248-4817

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**

PTH Realty, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 7, 2008 and assigned Florida document number L08000013888.

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)

1122 Franklin Avenue, Suite 406

Garden City, New York 11530

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Comerford & Dougherty, LLP

1122 Franklin Avenue, Suite 406

Garden City, New York 11530

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:

Peter Hopper

New Registered Office Address:

1349 South International Parkway, Suite 2401

Enter Florida street address

Lake Mary
City

Florida

32746

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Peter Hopper	1307 South International Pkwy South Lake Mary, Florida 32746	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Adrianne Comerford	1122 Franklin Avenue Suite 406 Garden City, New York 11530	<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

3/1/2011

Signature of a member or authorized representative of a member

Peter Hopper

Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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