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DEFENDATIONS

DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

REPORT VED

08 JUL 21 AMII: 03

M. THOMAS

JUL 2 1 2008

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Long Re (Name of Limi	a ty LLC ited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:	,	
	James	(Name of Person)		
		(Firm/Company)		
	3700 c.	(Address)	+ 513	
	Tallahass	See FL 3231) (City/State and Zip Code)		
For further information co	oncerning this matter, please ca	ill:		
(Name of Person)		at () (Area Code & Daytime Telephone Number)		
Enclosed is a check for th	e 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

(Name of the Limited Lia	Realty, LLC	ppears on our reco	ords.)	
The Articles of Organization for this Limited Liabi	orida Limited Liability Comp		8 ar	nd assigned
Florida document number L 0 6 0 000 3.	6210			ia assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability compan	y here:		
The new name must be distinguishable and end with the "L.L.C."	Realty, LLC ne words "Limited Liability Co	Company," the desig	nation "LLC" o	r the abbreviation
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>			
	·		SEC	
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records,	enter the man	me of the new
Name of New Registered Agent:			SEE. F	
New Registered Office Address:		(Enter Florida s	tre and dre s	<u> </u>
			>`` orida	
-	(City)	, F10		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 <u>Title</u> <u>Name</u> **Type of Action Address** Barbara Fletcher MGRM ☐ Remove 🗖 Remove _ Add ☐ Add 🗖 Remove Add Add 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00