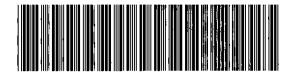
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PICK-UP	☐ WAIT	MAIL
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SECKEDARY OF STATE

T. HAMPTON

NOV -7 2011

EVAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	VESTOR REA Name of Lin	AL ESTATE ONL	INE, LLC
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	-
	LYNN OK	Name of Person	
	. INVESTOR	REAL ESTATE Firen/Company	DALINE, LLC
:	500 CE	RROMAR DR	LIVE.
. •	VELICE,	FL 34293 City/State and Zin Code	
	LYWWCROU E-mail address:	CHO TREOMEN (to be used for future annual report notifica	KBER, COM
For further information	concerning this matter, please	call:	
LYNN CR Name o	OUCH of Person	at (94/) 4/08-9 Area Code & Daytime T	OOO
Enclosed is a check for t	he following amount:		•
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
WATE	MAH ING ANDRES		a anndess.

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number LORODOD 47865 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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> Name **Type of Action Address** Remove ☐ Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00