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D. BRUCE
APR 2 6 2011
EXAMINER

# **COVER LETTER**

Division of Co	orporations			•
SUBJECT:	Owen Wise	Real Property LLC		
JOBOLO 1.	<del></del>	nited Liability Company	· · · · · · · · · · · · · · · · · · ·	_
	f Amendment and fee(s) are su	Ç		
Please return all corresp	ondence concerning this matte	er to the following:		
		Steven C. Wise	<u> </u>	
	Firm/Company			
PO Box 561252				
Orlando, FL 32856				
City/State and Zip Code				No.
	E-mail address:	se@OwenWiseCPA.com (to be used for future annual report not)	fication)	- SET S
For further information	concerning this matter, please	call:		FILED APR 25 PHIZE AFFASSEE, FLORI
Ste	even C. Wise	at ( 407 )	383-9075	09
Name	of Person	Area Code & Daytin	ne Telephone Num	ber
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certifi d) Certifi	Filing Fee, cate of Status & ied Copy onal copy is enclosed)

### MAILING ADDRESS:

TO:

**Registration Section** 

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

Owen Wise Re	eal Property LL	C	<del></del>
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appear: I Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compared Florida document number	ny were filed on	06/04/2008	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited li</u>	ibility company here	2:	
OwenWise Rea	al Property LLC		
The new name must be distinguishable and end with the words "LiL.L.C."	nited Liability Compar	ny," the designation "L	LC" or the abbreviatio
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		er ( ) Pre-	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		HASSEL, F	T 11 E
. If amending the registered agent and/or registered o	office address on o	SIATE	60 <u>ka</u>
egistered agent and/or the new registered office address he		ar records, <u>carer tr</u>	ic name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street addr	ess
		, Florida	
	City		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

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 = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	·		
			Remove
<u> </u>			<u> </u>
			Remove
	·		Remove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, ij	
_			
 Dated	April 17		TILEC TAPA 25 PM PA TARSSEE, FLORID
	Signature of a fi	nember of authorized representative of a member	20 S
		Steven C. Wise Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00