L08000014654

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SECRETARY OF STATE

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Weiner	& Associates Realty	y, LLC	
	(Name of Lim	ited Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Adrienne Weiner	·	
		(Name of Person)	
	Weiner & Associates Rea	alty, LLC	
		(Firm/Company)	
	5464 Whispering Willow	Way	
		(Address)	
	Fort Myers, Florida 33908		
		(City/State and Zip Code)	
For further information co	ncerning this matter, please ca	all:	
Theodore Weiner		at (239) 939-7088 x203	
(Name of	Person)	(Area Code & Daytime To	elephone 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:

(

TO:

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

FILED

08 SEP 18 AM 10: 34

SECRETARY OF STATE TALLAHASSEE FLORIDA

WEINER & ASSOCIATES REALTY, LLC

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

The Articles of Organization for this Limited Liability Company	were filed on August 4, 2008	and assigned
Florida document number L08000074654		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	illity company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2211 Peck Street, #800	
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, Florida 33901	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1.000
B. If amending the registered agent and/or registered of	Too address on our records	enter the name of the new
registered agent and/or the new registered office address her		, enter the name of the new
Name of CNI - Decision of Association		
Name of New Registered Agent:		
New Registered Office Address:	/P Pl! I.	-404 m. I. I)
	(Enter Florida	street aaaress)
		orida
	(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

<u>itle</u>	Name	Address	Type of Action
		-	Damaua
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If amending	any other information, enter chan	ge(s) here: (Attach additional sheets, if ne	cessary.)
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ted Septembe	er 15 , 2008		RY SSE
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ted <u>Septembe</u>	Rarieire D. U	Duringer or authorized representative of a member	RY SSE

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Filing Fee: \$25.00