# L08000089490

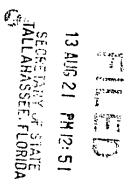
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#### **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

SUBJECT:

## CENTRAL FLORIDA REALTY MEDICS 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:

## TREVOR K BREWER

Name of Person

# **BREWERLONG PLLC**

Firm/Company

## 237 LOOKOUT PL STE 100

Address

MAITLAND, FL 32751

City/State and Zip Code

## TBREWER@BREWERLONG.COM

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

For further information concerning this matter, please call:

## TREVOR K BREWER

Name of Person

...407,660-2964

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)

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

#### CENTRAL FLORIDA REALTY MEDICS 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 Lia Florida document number L08000089490	bility Company v	were filed on SEPTEMBE	R 18, 2008 and assigned	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liabil	ity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company," the des	ignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		3742 AVALON PARK BLVD EAST		
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL 32828		
			€% j	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		3742 AVALON PARK ORLANDO, FL 32828		
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered offi ice address here	ice address on our record :	CT (/: TT	
Name of New Registered Agent:	BREWERLONG PLLC			
New Registered Office Address:	237 LOOKOUT PL STE 100			
		Enter Florida	street address	
	MAITLAND	, F	Florida 32751	
		City	Zip Code	
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered the provisions of all statutes relative to the praccept the obligations of my position as regist being filed to merely reflect a change in the re- company has been notified in writing of this c	oper and complo tered agent as p egistered office o	ete performance of my duti roylfied for in Chapter 608	es, and I am familiar with and R. F.S. Or, if this document is	

Page 1 of 3

M Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Address Type of Action** <u>Name</u> 2517 CORBYTON CT THOMAS WECLEW **MGRM** Add ORLANDO, FL 32828 Remove 3742 AVALON PARK BLVD EAST MGR VICTOR THOMAS WECLEW ORLANDO, FL 32828 Remove Remove 5 j Add Carlot B Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

By agreement dated May 9, 2012, Heidi N. Weclew relinquished all of her ownership interest in the company. Accordingly, Victor Thomas Weclew IV is the sole member of the company as of the date hereof.

Dated Du yus

2013

Signature of a member or authorized representative of a member

TREVOR K. BREWER, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

