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EXAMINER



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COVER LETTER

TO:

Registration Section

Division of Corporations								
SUBJECT:	Ft. Myers Rea	al Estate Holdings, LLC						
	Name of Lin	nited Liability Company						
The enclosed Art	icles of Amendment and fee(s) are so	ubmitted for filing.						
Please return all	correspondence concerning this matte	er to the following:						
		David S. Romanik,Esq.						
		Name of Person						
		David S. Romanik, P.A. Firm/Company						
		i init/Company						
		PO Box 650 Address						
		Marcos						
		Oxford, FI 34484 City/State and Zip Code						
	da	•						
	E-mail address:	avidromanik@mac.com (to be used for future annual report notification)						
For further infor	mation concerning this matter, please	call:						
	David S. Romanik	at (954) 610-4441						
	Name of Person	Area Code & Daytime Telephone Number						
Enclosed is a che	eck for the following amount:							
☐ \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 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

Ft. Myers Real Estate Holdings, LLC

(Name of the Limited	A Florida Limited I	iny as it now appears on ou Liability Company)	<u>r records.</u>)		
The Articles of Organization for this Limited L Florida document numberL0800010		were filed on <u>Noveml</u>	ber 14, 2008	8 and assi	igned
This amendment is submitted to amend the following	lowing:				
A. If amending name, <u>enter the new name c</u>	f the limited liab	oility company here:			
The new name must be distinguishable and end w'L.L.C."	ith the words "Lim	ited Liability Company," the	-		bbreviation
Enter new principal offices address, if appli	4060 NW 110th St.	, r	10 10		
Principal office address MUST BE A STRE	Ocala, Fl 34482		AF ST	n	
			Č	ASSET	<u> </u>
Enter new mailing address, if applicable:	P.O. Box 650		AM II: 5	E D	
Mailing address MAY BE A POST OFFICE	Oxford, FI 34484		<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered o	~		ords, <u>enter t</u>	he name o	f the new
Name of New Registered Agent:	David S. Romanik				
New Registered Office Address:	4060 NW 110th Ave. Enter Florida street address				
		Ocala	_, Florida	34482	2
		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 = Managing Member Title Name **Address Type of Action** 2117 State St. MGR Michael Goldstein ☐ Add Bettendorf, IA 52722 Remove 4060 NW 110th Ave. David S. Romanik MGR__ ✓ Add Ocala, Fl 34482 Remove □ Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 8 2010 Signature of a member or authorized representative of a member David S. Romanik

Typed or printed name of signee
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Filing Fee: \$25.00