L09000012223

(Re	questor's Name)			
. (Ad	dress)			
(Ad	dress)	,		
(Cit	ry/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
(100	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200145276162

03/09/09--01029--005 **55.00

FILED

09 MAR - 9 PM 2: 54

SECRETARY OF STATE
ALLAHASSEE, FI ORIOL

J. BRYAN

MAR 1 0 2009

EXAMINER

COVER LETTER

Division of Corp					
SUBJECT: STEELE	BRIDGE REALTY P	ARTNERS, LLC	11		
30B0EC1	(Name of Lim	ited Liability Company)	_		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	KELLY FELTS				
(Name of Person)					
	7A.S.				
(Firm/Company)					
	6900-29 DANIELS PKWY, SUITE 202				
	PILED 09 MAR -9 PH 2: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDI				
	FLOT				
FT. MYERS, FL 33912 (City/State and Zip Code)					
		u.	>		
For further information co	oncerning this matter, please c	aii:			
KELLY FELTS	_				
(Name o	of Person)	(Area Code & Daytime T	'elephone Number)		
Enclosed is a check for th	e 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:

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

STEELBRIDGE REALTY PARTNERS, LLC

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

			2
The Articles of Organization for this Limited L	and assigned		
Florida document number L09000002223			
Florida document number	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name (of the limited liebility	v comnany hore:	
A. If amending name, enter the new name (or the minuted harring	y company nere.	
		T. 191. G. 9.4. 1	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited	Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
	_		
T 4			
Enter new mailing address, if applicable:	- -		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Mailing address MAY BE A POST OFFICE	<u> </u>		
	-		
B. If amending the registered agent and registered agent and/or the new registered of		e address on our records	s, enter the name of the new
registered agent and/or the new registered of	THE addition here.		
	Jeffrey Freitas		
Name of New Registered Agent:	Jeilley I Tellas		
New Registered Office Address:	12801 Westlinks	Drive, Suite 106	
	(Enter Florida street address)		
	Ft. Myers	T	lorida 33913
	` _	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, thereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

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>Name</u> **Address Type of Action Title** MGRM KEITH S. CAMPBELL 6900-29 DANIELS PKWY, SUITE 202 **≖** Add FT. MYERS, FL 33912 Remove KEITH S. CAMPBELL MEMBER. 6900-29 DANIELS PKWY, SUITE 202 ∎7 Add FT. MYERS, FL 33912 Remove Add 🗖 Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) march 5 signature of a member or authorized representative of a member

Typed or printed name of signlee

Page 2 of 2

Filing Fee: \$25.00