## 109000005/70

| ·                                       |
|---|
| (Requestor's Name)                      |
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |

A. LUNT

JAN 11 2010

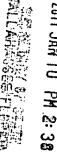
EXAMINER

Office Use Only



600189995106

01/10/11--01009--005 \*\*25.00



011 JAN 10 PM 2: 3

## **COVER LETTER**

|                   | n of Corpo      |  |  |   |                    |   |                     |          |
|-------------------|-----------------|--|--|---|--------------------|---|---------------------|----------|
| SUBJECT:          | LEA             | SE AND                                     | own  | REALT) ity Company  | y L                | LC .  |                     |          |
| •                 |                 | Name o                                     | f Limited Liabil   | ty Company  |                    | · · · · · ·   |                     |          |
| -                 |                 |  |  |   |                    |   |                     |          |
| The enclosed Ar   | ticles of An    | nendment and fee(s) a                      | re submitted for   | filing.   |                    |   |                     |          |
| Please return all | correspond      | ence concerning this                       | matter to the follow   | owing:  |                    |   |                     |          |
|                   |                 | M  | ARLYS  | To HNS 6 ne of Person   | N                  |   |                     |          |
|                   |                 |  |  |   |                    |   |                     |          |
|                   |                 | LEA  | SE AN O  | OWN Re  | ealty              | LLC F   | 2011.               | man esta |
|                   |                 | 55   | 5 NE   | OWN Ren/Company  15 STRe  | e7                 | cu 16   | JAN 10              |          |
|                   |                 | MIAR                                       | 11, F  | -LORIOA   | 3313               | 2   | 2011 JAN 10 PM 2: 3 |          |
|                   |                 | MARLYS<br>E-mail add                       | City/State  City/S | E and Zip Code  ORTCLOSE  or future annual report no                  | otification)       | H   | . em                |          |
| For further infor |                 | cerning this matter, pl                    |  |   |                    |   |                     |          |
|                   |                 | •  |  | 786 2.5 3<br>Area Code & Day  | 3 - 96             | 0/  |                     |          |
|                   | Name of Po      | erson                                      |  | Area Code & Day   | time Telepho       | ne Number   |                     |          |
| . /               |                 | following amount:                          |  |   |                    |   |                     |          |
| \$25.00 Filing    | g Fee [         | \$30.00 Filing Fee &<br>Certificate of Sta | itus Ce  | 00 Filing Fee & ortified Copy Iditional copy is enclosed.             | _                  | 660.00 Filing Fee,<br>Certificate of Stat<br>Certified Copy<br>(additional copy i |                     | d)       |
|                   | Registration of | G ADDRESS:<br>on Section of Corporations   |  | STREET/COU<br>Registration Sec<br>Division of Cor<br>Clifton Building | ction<br>porations | DRESS:  |                     |          |
|                   | Tallahasse      | ee, FL 32314                               |  | 2661 Executive<br>Tallahassee, FL                                     |                    | le  |                     |          |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LEASE AND   | OWN             | REALTY                    | LLC                  |                 |             |                |
|---|-----------------|---------------------------|----------------------|-----------------|-------------|----------------|
| (Name of the Limited Liabili<br>(A Florida  |                 |                           |                      | <del></del>     | <del></del> |                |
| The Articles of Organization for this Limited Liability Florida document number                 | Company we      | re filed on <u>01 ~ 2</u> | 6-200                | <b>9</b> a      | nd assig    | ned            |
| This amendment is submitted to amend the following:   |                 |                           |                      |                 |             |                |
| A. If amending name, enter the new name of the lin  | nited liability | y company here:           |                      |                 |             |                |
| The new name must be distinguishable and end with the w "L.L.C."                                | ords "Limited   | Liability Company,"       | the designation      | ı "LLC" c       | or the abl  | <br>oreviation |
| Enter new principal offices address, if applicable:   | _               |                           |                      | 701 1<br>74 1   |             | <u> </u>       |
| (Principal office address MUST BE A STREET ADL  | RESS)           |                           |                      |                 | =           | <del> </del>   |
|   |                 |                           |                      | - F. 12         | A           |                |
|   |                 |                           |                      |                 | 0           |                |
| Enter new mailing address, if applicable:   | _               |                           |                      |                 | <u> </u>    | [1]            |
| (Mailing address MAY BE A POST OFFICE BOX)  | _               |                           |                      |                 | N           |                |
|   |                 |                           |                      |                 | ယ္          |                |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad |                 | e address on our          | records, <u>ente</u> | <u>r the na</u> | ime of      | the new        |
| Name of New Registered Agent:   |                 | ·                         |                      | _               |             |                |
| New Registered Office Address:  |                 | Enter                     | Florida street d     | address         |             | <del></del>    |
|   |                 | <b></b>                   |                      |                 |             |                |
| <del></del>   | C               | City                      | , Florida            | 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

| MGRM =       | lanager<br>Managing Member             |   |   |
|--------------|--|---|---|
| <u>Title</u> | <u>Name</u>                            | Address   | Type of Action  |
| IGR          | CHARLES SMITH                          | 555 NE 15 STREET<br># CU 16<br>MIAMI, FLORIDA 33132             | Add<br>Remove   |
|              |  |   | Add Remove  |
|              |  |   | Add<br>Remove   |
|              |  |   | Add Remove  |
|              |  | 66<br>67<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7 | Stemove   Stemo |
| D. If amed   | nding any other information, enter cha | nge(s) here: (Attach additional sheets, if necessary.)          |   |
|              |  |   |   |
| –<br>Dated   | 01/06/2011,                            |   | _   |

Page 2 of 2

Filing Fee: \$25.00