

MAY-12-2009 10:  
Division of Co

ROSSWAY MOORE AND TAYLOR

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Florida Department of State  
Division of Corporations  
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Electronic Filing Cover Sheet

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Division of Corporations  
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Account Name : ROSSWAY MOORE & TAYLOR  
Account Number : I20050000159  
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2940 REALTY LLC

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MAY 13 2009

EXAMINER

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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: 2940 Realty 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:

Louis J. Lupin, Esquire

Name of Person

Rossway Moore & Taylor PLC

Firm/Company

5070 North Highway A-1-A, Suite 200

Address

Vero Beach, Florida 32963

City/State and Zip Code

llupin@verobeachlawyers.com

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

For further information concerning this matter, please call:

Louis J. Lupin

Name of Person

at ( 772 )231-4440

Area Code &amp; 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)☐ \$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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**2940 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 May 11, 2009 and assigned  
Florida document number L09000045710.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC," the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

2940 Cardinal Drive, Suite 1

Vero Beach, Florida 32963

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

Post Office Box 643363

Vero Beach, Florida 32964

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

2940 Cardinal Drive, Suite 1

*Enter Florida street address*

Vero Beach

, Florida

32963

*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**

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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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Edward B. McLaughlin	2940 Cardinal Drive, Suite 1 Vero Beach, Florida 32963	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated May 12, 2009

  
Signature of a member or authorized representative of a member

Louis J. Lupin, Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00

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TOTAL P.04