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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section **Division of Corporations**

Fischler Direct 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:

Philip J. Fischler, IV

Name of Person

Fischler Direct LLC

Firm/Company

957 Wittman Drive

Fort Myers, FL 33919

City/State and Zip Code

philfischler4@comcast.net

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

For further information concerning this matter, please call:

Philip J. Fischler, IV

at (239) 895-1060

Area Code & Daytime Telephone Number

Name of Person

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)

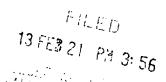
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Fischler Direct 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	y were filed on 5-21-09	and assigned
Florida document number L09000049636		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Fischler Property Company LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	957 Wittman Drive	
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers FL	
	33919	
Enter new mailing address, if applicable:	957 Wittman Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Fort Myers FL	
	33919	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	. F	`lorida
	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

MCKM =	IGRM = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Platerial
	Philip J. Fischler, IV
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00