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T. HAMPTON

EXAMINER

COVER LETTER

TO:	Registration Se		
•	Division of Cor	porations	
SUBJ	ECT:	MINCY GROUP LLC Name of Limited Liability Company	
		Name of Limited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please	e return all correspo	ndence concerning this matter to the following:	
		JAMES A. MINCY TT Name of Person	
		Firm/Company	
		3468 Sotto ST #206 Address	
		City/State and Zip Code MINW @ AMAIL. COM E-mail address (to be used for future annual report notification)	
		E-mail address (to be used for future annual report notification)	
For fu	orther information c	oncerning this matter, please call:	
	Name o	Person Area Code & Daytime Telephone Number	
Enclo	sed is a check for th	e following amount:	
√ \$2	5.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number ___ L 09 00 00 7.6880 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SIGNATURE REAL ESTATE ASSOCIATES, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Zip Code

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

		Add Remove
		Add Remove
ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
		SECRETARY OF STA DIVISION OF CORPORAT 10 FEB -2 PH 12; S
JANUARY 27, 20	<u>70</u> .	OF STATE DRPORATIONS PH 12: 39
		ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

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