## #109000199165

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12 JUN -1 PM 2: 55

15 JUN -1 PM 3: 55

K.SALY EXAMINER JUN 4 2012

## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT: EMILY	GRIFFIN REAL Name of Limit	ESTATE LLC ed Liability Company	Oliverary and the Market Annual Laurer and L
The enclosed Articles of Art	nendment and fee(s) are subr	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Emily Gri	Affin Carter Name of Person	· .
		in Real Estate UC Firm/Company	
	168 CORAL	Address	
		FL 33070 City/State and Zip Code  1050 amail.com be used for future annual report notifical	
For further information con	D-mail address: (to	•	tion)
Emily Cost Name of Po	erson	at (305) 923-6年0 Area Code & Daytime T	S elephone 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

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

12 JUN-1 PM 2:

<b>.</b>			SEE. TALL	WE CANY OF SE
EMILY GRIFFIN (Name of the Limited Liah	REAL EST Dility Company Tida Limited Liab	as it now appears on ou	ır records.)	HASSEE, FLORIDA
(A Piol	ida Dillitted Diat	omity Company)		
The Articles of Organization for this Limited Liabili	ty Company we	ere filed on 10/14	12009	and assigned
Florida document number <u>L0900099165</u>	<u>.                                    </u>			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liabilit	y company here:		
EMILY CARTER REAL	ESTATE	LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited	Liability Company," the	e designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable	<u>.</u>	168 CORAL	Ave.	
(Principal office address MUST BE A STREET AL	DDRESS)	TAVERNIER,		
Enter new mailing address, if applicable:	-	168 CORAL	AVE	
(Mailing address MAY BE A POST OFFICE BOX	2 _	TAVERNIER		
B. If amending the registered agent and/or re registered agent and/or the new registered office :	egistered office address here:	e address on our rec	ords, <u>enter</u>	the name of the new
Name of New Registered Agent:	Emily	Carter		
New Registered Office Address:		ral Ave.		
Translation of the state of the		Enter Flor	rida street add	iress
	Tavernie	<u>r</u> City	_, Florida	33070
New Registered Agent's Signature, if changing Regis		лиу		Zip Code
	icieu 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

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>Title</u>	Name	Address	Type of Action
MGRM	EMILY GRIFFIN	108 Coral Ave. Towerner, FL 33070	Add ⊠ Remove
MGRM	EMILY CARTER	168 Coral Ave. Tavernher, FL 33070	⊠ Add ☐ Remove
			Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
·	·		Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
			_ _
	<i>M</i>		_ _
Dated7	Guild acte	er or authorized representative of a member	
	Emily	Carter	
	Туре	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00