(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	·	
		,

Office Use Only

G. MCLEOD

NOV - 1 2012

EXAMINER



400241213904

10/31/12--01011--019 **30.00

COVER LETTER

...

Division of Corporations				
SUBJECT: HALIFAX REAL ESTATE HOLDINGS 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:				
GLEN WARD Name of Person				
Halifox Real Estate Holdings				
3030 Deronshire ave				
Halibax NS Can B3K 3L9 City/State and Zip Code				
Wrangled Peastlint. Ca Exhail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
GLEN WARD at (962, 222 1444 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & S60.00 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

HALTFAX REAL (Name of the Limited Liability Compa (A Florida Limited L	ESTATE HOL ny as it now appears on our reco Liability Company)	nINGS rds.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1000000971.8</u>	were filed on JAN 26,	2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		>o. →
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	OCT 31 PH 2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		DRIDA 3
Name of New Registered Agent:	N/A	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida st	reet address
	, F10	rida

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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Address</u> Title Name **Type of Action** WAYNE COCHEANE MGRM Remove MGRM ☐ Add Remove ☐ Add **X** Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Oct 22 /2012 Signature of a member or authorized representative of a member

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00