Division of Corporations Electronic Filing Cover Sheet

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(((H10000026808 3)))



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To:

Division of Corporations

Fax Number : (850)617~6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number: 076666002273 Phone

: (904)398-3911

Fax Number

; (904)396-0663

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SW FLORIDA RRE HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25,00

EXAMINER

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Corporate Filing Menu

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H10000026808

COVER LETTER

TO: Registration S Division of Co	section orporations			
SUBJECT:	SW FLORIDA I	RRE HOLDINGS, LLC		
	Name of Limi	fed Liability Company		•
The enclosed Articles of	f Amendinent and fee(s) are sub	smitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	· · ·	Beverly Pascoe		
		Name of Person		
	- - 	Rogers Towers, P.A.		
		Firm/Company		
	1301 R	iverplace Blvd., Suite 1500		
		Address		
	Jack	ksonville, Florida 32207		CAH.
	·	City/State and Zip Code		ASS ASS
	E-mail address: (i	o be used for future annual report notificati	on)	E. S
For further information	concerning this matter, please of	all:		AM 8: 42 OF STATE
•				TATE ORID
	overly Pascoe	nt (904) 346 Area Code & Daytime Te	6 - 5792	>
1491116	or reison	Men Cone & Daytine 10	teprione Number	
Enclosed is a check for	the following amount:	·		
\$25.00 Filling Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Cenified C	of Status & -

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

H10000026808

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SW FLORIDA RRE	HOLDING	SS, LLC				
(Ya	me of the Limited Linbility Compr (A Florida Limited	nny as it now ap Liability Compar	pears on our ly)	rccords.)			
The Articles of Organization I	or this Limited Liability Company	y were filed on	JANUAR	Y 2 7 , 2010	_ and ass	igned	
Florida document number	L10000009840						
This amendment is submitted	to amend the following:						
A. If amending name, enter	the new name of the limited lial	oility company	here:				
	OB SW FLORIDA RR	E HOLDING	S, LLC				_
The new nome must be distingual. "L.L.C."	shable and end with the words 'Lim	ited Liability Co	mpany," the d	osignation "LL	C" or the a	ibbrevi	ation
Enter new principal offices a	ddress, if applicable:				<u> </u>	=	_
(Principal office address MU	ST BE A STREET ADDRESS)						- <u>-</u> -"
•					FE -	(00) 	
	•				SSE	က်	
Enter new mailing address,	lf applicable:				m _O	3	_[]
Mailing address MAY BE A	POST OFFICE BOX)					င္နာ	_[_
				•••	85 86	<u>-</u> 5-	_
		en 11	•	1 11	\triangleright	د عاد ه	
	ered agent and/or registered or tew registered office address her		n our recoi	us, enter the	nume o	1 me	,
Name of New Regis	tered Agent:	,,		 			_
New Registered Offi	ce Address:					-·-	- -
n			Enter Florid	la street addre:	15		
				Florida	Zip Code		
		City			Alp Code	!	
87 10 1 - 6 61 - 61	trans (Cabanalisa Daglatana) Luawt						

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

Page 1 of 2

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If smending 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 = MGRM	Manager – Managing Member		
<u>Title</u>	Name	Address	Type of Action
			
·		<u> </u>	
		,	Add
····			Add
			4
D. Ifam	ending any other information, e	nter change(s) here: (Attach additional sheets, if nec	essary.) ASA
-			SEE A
- 			H 8: 42 F STATE FLORIDA
-			
Dated	February 5		
	Signature	of a member or authorized representative of a mamber	
		R. Curley, Jr., Authorized Representative	
		Typed or printed name of signee	A CONTRACTOR OF THE CONTRACTOR

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Filing Fee: \$25.00