L10000) 36090

(Requestor's Name)					
(Address)					
(Address)					
(Cit)	//State/Zip/Phone) #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only

B. KOHR
AUG 1 2011
EXAMINER



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Address City/State/Zip Requester's Name Address LSU-SU Phone #	vc 6	TANG Y	Second of the Se
	-	Office Use Only	
CORPORATION NAME(S) & DOCUM	IENT NUMBER(S), (if known):	
1. Fusilier Reall	(Document#)	-Nona	
2	()(Y	
2. (Corporation Name)	(Document #)		
3. (Corporation Name)	(Document #)		
4. (Corporation Name)	(Document #)		
Walk in Pick up time		Certified Copy	
Mail out Will wait	Photocopy	Certificate of Status	
NEW FILINGS	AMENDMENTS		
Profit	Amendment	10	
Not for Profit	Resignation of	R.A., Officer/Director	
Limited Liability	Change of Regi		
☐ Other	Dissolution/Wind Merger	tnorawai	
OTHER FILINGS	_	<u>QUALIFICATION</u>	
☐ Annual Report	Foreign		
Fictitious Name	Limited Partner	ship	
	Reinstatement Trademark		
	Other		
		Examiner's Initials	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUSILIER	REALTY G	ROUP - NON	NA, LLC	
(Name of the Limited (A	Liability Compar Florida Limited L	ny as it now appear liability Company)	rs on our records.)	
The Articles of Organization for this Limited Li Florida document numberL10000036	ability Company		04/02/2010	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :	
	·			
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ted Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	·	
				
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	N/A		·	
New Registered Office Address:				
		Ent	er Florida street addr	ess
			, Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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:

j .

MGR = Manager

MGRM = Managing Member **Title** Name 1 **Type of Action** Address MGR **DENISE HARDY** 10645 NARCOOSSEE ROAD ☐ Add √ Remove ORLANDO, FL 32829 ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member ALEXANDRE M. MESTDAGH Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00