# 11000045236

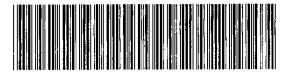
(Requestor's Name)				
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PICK-UP X WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
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G. MCLEOD

AUG-25 2010

**EXAMINER** 



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DEPARTIFIED OF AND A CONTROL OF CORPORATIONS
TALL AMASSEE, FLORIDA

RECEIVED

10 AUG 25 PH P2: 26

# **COVER LETTER**

Division of Co	
SUBJECT:	LH REALTY, LLC  Name of Limited Liability Company
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	SEBASTIAN DELEDDA  Name of Person
	TLH REALTY, LLC Firm/Company
	15015 FRIENDSHIP LN
	TALLAHASSEE FL 32309  City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Name	at (
Enclosed is a check for	the following amount:
<b>∑</b> \$25.00 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 OF

JLH REALTY,	LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our r ed Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L10000045236</u>	any were filed on APRIL 29	3 <sup>th</sup> , 2010 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and end with the words "I "L.L.C."	Limited Liability Company," the do	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		SECTION A	
(Principal office address MUST BE A STREET ADDRESS	2	S S	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		26 RICA	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	France Elevi I	and the state of the same	
	Enter Florida street address		
	City	Florida Zip Code	

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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SEBASTIAN DELEDD	4647 OLD MAGNOUA RD TALLAHASSEE FL 32309	Add DRemove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
<del> </del>			Add Remove
D. If amendir	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	
			_
			_
Dated AU	Sasani (a ad		
_	SEBASTIAN DEL	r authorized representative of a member  EDDA  printed name of signee	

Page 2 of 2

Filing Fee: \$25.00