L1000046127

(Requestor's Name)
(Address)
(Address)
(City/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



600269841326

SUFFICIENCY OF FILING

15 FEB 26 PH 1: 08

PECEIVED

FILED IN 10: 1

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 2/26/15

NAME: SHL REALTY LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: SHL	Realty LLC		
SUBJECT:		nited Liability Company	
	Amendment and fee(s) are sub andence concerning this matter	<u>-</u>	
	<u> </u>	Name of Person	
		Firm/Company	·····
		Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	lication)
or further information of	concerning this matter, please c	all:	
Tony Mack	ay (of NCR)	877 _, 374-6	186
Name of Persun			: Telephone Number
Enclosed is a check for t	he 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 Tallahassec. Fl. 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED
2015 FEB 26 AN IO: 18
SECRETARI DE STATE
TALLAMASSEE FLOROA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHL Realty LLC						
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
The Articles of Organization for this Limited Lia Florida document number L10000046127 This amendment is submitted to amend the followard for the new name of	ability Company wea	re filed on April 29, 2				
The new name must be distinguishable and end with the w	ords "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applica	ble:					
(Principal office address MUST BE A STREET ADDRESS)						
						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office	address on our reco	ords, enter the name of the new			
Name of New Registered Agent:	National Corporate Research, Ltd					
New Registered Office Address:	New Registered Office Address: 155 Office Plaza Drive					
	Enter Florida street address					
	Tallahassee		Florida 32301			
No. 2 december 15		City	Zıp Code			
New Registered Agent's Signature, if changing Re						
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cl	r and complete per ered agent as prov gistered office ada hange	formance of my duties, ided for in Chapter 60 ress. I hereby confirm Confirm Registered Agent, Signate	and I am familiar with and 5. F.S. Or, if this document is			

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Address</u> Type of Action <u>Name</u> 588 Jim Moran Boulevard Lucio Giambattista MGRM Deerfield Beach, FL 33442 Remove 588 Jim Moran Boulevard _ ■ Add Roger Samuelsson MGR Deerfield Beach, FL 33442 _□ Remove DbA 🗖 _ Remove _□ Add □ Remove _□ Remove

		ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) ne limited liability company shall be manager managed.				
-	•					
	······································	· · · · · · · · · · · · · · · · · · ·				
E. Effect (The effect) the dat	ive date, if other than the date caive date must be specific, cannot be this document is filed by the Florida	te of filing: c prior to date of receipt or filed date and canno a Department of State)	(optional) It be more than 90 days after			
Dated	February	2015				
	7					
		nature of a member or authorized representations on behalf of SHL				
		Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00

2015 FEB 26 AM 10: 18