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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE

J. BRYAN

JUN 1 5 2011

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Everent XXIV	2010, LLC	
Name of Limit	ted Liability Company	
The enclosed Articles of Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
	Name of Person	
Law Office	s of Richard Was	serstein 器艺机
	Firm/Company	空船 至 一
1124 K	ane Concourse	SSE S F
	Address Tolands, FL 3 2 City/State and Zip Code	
renereed (91 D 9 M 9 1 . (0 M to be used for Juture annual report notificat	
For further information concerning this matter, please c	all:	
Irene Reed Name of Person	at (at (30530356	
Enclosed is a check for the 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:	STREET/COURIER	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10, LLC	
any as it now appears on Liability Company)	our records.)
y were filed on $\frac{6/14}{6}$	and assigned
bility company here:	
nited Liability Company,"	the designation "LLC" or the abbreviation
	Distriction in the second seco
	JUN 15
	TES E
office address on our i ere:	records, enter the name of the new
Enter F	lorida street address
277701	
City	, Florida Zip Code
	bility company here: hited Liability Company," office address on our rece:

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action MGMR ☐ Add **√** Remove ☐ Add Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 201 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00