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(Req	uestor's Name)			
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OCT 15 2010

EXAMINER



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## **COVER LETTER**

Division of Co			
SUBJECT:	Sperry Van N	ess Real Estate, LL	С
Sobten		ited Liability Company	
	f Amendment and fee(s) are su	_	
Please return all corresp	ondence concerning this matte	r to the following:	
		Edward A. Boeder	
		Name of Person	<del></del>
	Sperry	Van Ness Real Estate,	LLC
		Firm/Company	
		316 Sharwood Drive	•
		Address	
	· · · · · · · · · · · · · · · · · · ·	Naples, Florida 34110	
		City/State and Zip Code	·
	E-mail address:	edboeder@aol.com (to be used for future annual report	notification)
For further information	concerning this matter, please	•	,
	γ,		
N1	Ed Boeder	at ( 239 )	860-7595
Name	of Person	Area Code & D	aytime Telephone Number
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 enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	LING ADDRESS:	STREET/CO	OURIER 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

Sperry Van Nes	s Real Estate,	LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appea d Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on	July 15, 2010	and assigne	ed
Florida document numberL10000074735				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company he	ere:		
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Comp	pany," the designation "L	LC" or the abbre	eviatio
Enter new principal offices address, if applicable:	***			
(Principal office address MUST BE A STREET ADDRESS)				
	<u> </u>		<u> </u>	- Newson
			SSE YRY 4-I	i, marro
Enter new mailing address, if applicable:			<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
	-		NIE A	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter t	he name of th	ie nev
registered agent and/or the new registered office address in	<u>ici c</u> .			
Name of New Registered Agent:			····	
New Registered Office Address:	P	nter Florida street addi	· · · · · · · · · · · · · · · · · · ·	
	E.	nier r ioriaa street addi	ress	
<del></del>	Cin	, Florida	Zip Code	
	City		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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

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MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** MGNOR Patricia N. McClimans 6180 Cypress Hollow Way ☐ Add Naples, Florida 34109 ∇ Remove ☐ Add Remove ☐ Add Remove Add Remove  $\prod Add$ Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 13 2010 Dated Signature of a member or authorized representative of a member Edward a. Boeder Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00