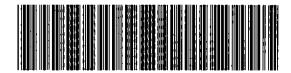
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(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
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TALLAHASSEF, FIORID.

G. MCLEOD

SEP 24 2010

EXAMINER

COVER LETTER

IO: Registration Secti Division of Corpo	rations			r.	5. 8	
SUBJECT: <u>NEX</u>	TAGIE GIAT Name of Limite	TEWAソ ed Liability Compa	REALTY,	LLC		
The enclosed Articles of An	nendment and fee(s) are subr	mitted for filing.				
Please return all correspond	ence concerning this matter t	to the following:				
	JUDI	Name of Person	NNE			
		Firm/Company	,			
		rumcompany				
	2751 HILL	LSDALE .	AVENUE	akt ·		
	LARGO, F JUDYDUN E-mail address: (to					
For further information con	cerning this matter, please ca	ill:				
JUDITH Name of P	DUNNE erson	at (<u>727)</u> Area	585 - 67 Code & Daytime Te	732 elephone Number		
Enclosed is a check for the following amount:						
\$25.00 Filing Fee [330.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Co (additional c		Certified	e of Status &	

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**

NEXTAGE GA (Name of the Limited Liability (A Florida	TEWAY R by Company as it no Limited Liability Co	ow appears on (our records.	<u></u>			
The Articles of Organization for this Limited Liability (Florida document number	Company were file 718	od on <u>81</u> 2	1/2010	>a	ınd ass	signed	
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lin	nited liability com	pany here:					
FLORIDA GATEWAY	REALTY	LLC					
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liabili	ity Company," t	he designation	ı "LLC" (or the a	abbreviatio	n
Enter new principal offices address, if applicable:				_ 			
(Principal office address MUST BE A STREET ADD	RESS)			<u> </u>	S 0		
Enter new mailing address, if applicable:				HASSEE.	EP 23 P		
(Mailing address MAY BE A POST OFFICE BOX)				E's			
(Mulling dudress MAT BE A 1 051 OFFICE BOX)				STATE FLORIDA	0		,
B. If amending the registered agent and/or registered agent and/or the new registered office add		ress on our r	ecords, <u>ente</u>	r the n	ame o	of the nev	<u>v</u>
Name of New Registered Agent:	JUDIT	HLDU1	UNE				
New Registered Office Address:	2751		LE AUE Vorida street d	address			
)	, Florida	<u>33</u>	77	'4	
	City			Zij	o Code	?	
New Registered Agent's Signature, if changing Register	ed 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 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>	Address	Type of Action		
M GRM	JAMES DUNNE	2751 HILLSDALE AVE LARGO, FL 33774	Add Remove		
MBR	JUDITH DUNNE	2751 HINSTALE AUE LARGO, FL 33774	Add Remove		
MGRM	JUDITH L. DUNNE	2751 Hillsdale AUE LARGO, FL 33774	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amendia	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	*******		
		<u> </u>	_ _		
Dated	, , , , , , , , , , , , , , , , , , , ,	 •			
_	→	or authorized representative of a member	<u> </u>		
-	JUDITH T	OUNNE or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00