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SECRETARY OF STATE
DIVISION OF CORPORATIONS:

T. HAMPTON

0CT - 5 2010

EXAMINER

COVER LETTER

TO: Re	gistration Section vision of Corpor	on rations		
SUBJECT:	Sa		ted Liability Company	Tatelle
The enclosed	d Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please return	n all corresponde	nce concerning this matter	to the following:	
	-	Saraso	Name of Person OTA PERUEX Firm/Company	eal Estate LIC
	-	362	Hernandor	tve
	-	E-mail address: (t	City/State and Zip Code City/State and Zip Code Ver o be used for future annual report notific	120n. ret
For further is	nformation conc	erning this matter, please ca	all:	
	Name of Pe	E LUPSON rson	at (941) 650 Area Code & Daytime	Telephone Number
Enclosed is a	a check for the fe	ollowing amount:		
\$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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 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

SNORTA	REMIERRENCESTATES LLC	_
(Name of the Limited Liab	illity Company as it now appears on our records.) ida Limited Liability Company)	<u>—</u>
(A Flori	ida Limited Liability Company)	. 25
The Articles of Organization for this Limited Liabilit		assigned
Florida document number <u>L10000093</u>	<u>33</u> /	
		+ 335
This amendment is submitted to amend the following	g:	2 3 5 5
A. If amending name, enter the new name of the	limited tightlity company house	
A. If amending name, enter the new name of the	minted and mity company nere:	STATE DRATIO
The second of th		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC" of	or the abbreviatio
Enter new principal offices address, if applicable:		• • • • • • • • • • • • • • • • • • • •
<u>(Principal office address MUST BE A STREET AD</u>	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	2	
B. If amending the registered agent and/or re	gistered office address on our records, enter the na	me of the nev
registered agent and/or the new registered office a	address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	T71,	
· ·	, Florida	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 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>	Name	Address	Type of Action
<u>mcrm</u>	LAUREN A LUPSON	242 S Washington Blvd Sourasota Fe 34236	☐ Add
maga-magamapa ang diserior sa			Add Remove
			Add Remove
			Add Remove
			Add Remove
+***			Add Remove
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	SEURET BIVISION C
			FILED FIRED
			STATE ORATIONS
Dated	9/28/10	- (Lunum)	—
-	Signature of a moniber of the South of the S	authorized representative of a member UPSON r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00