L10000096651

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SECREMANY OF STATE
AND AHASSEE, FLORIDA

COVER LETTER

TO:	Registration S Division of Co		And the second s
SUBJE	·CT·	515 LOUIS	SA STREET, LLC
БОБЯ			ited Liability Company
		Amendment and fee(s) are sub	·
Please i	return all corresp	ondence concerning this matter	to the following:
		Gre	egory S. Oropeza, Esq.
			Name of Person
			Barton Smith, P.L.
			Firm/Company
		6	624 Whitehead Street
			Address
		Ke	ey West, Florida 33040
•			City/State and Zip Code
		Gre E-mail address; (eg@bartonsmithpl.com to be used for future annual report notification)
For furt	ther information	concerning this matter, please c	eall:
	Gregory	S. Oropeza, Esq.	at (305) 296-7227
* *************************************	Name	of Person	Area Code & Daytime Telephone Number
Enclose	ed is a check for	the following amount:	
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations Box 6327	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

515 LOUISA STREET, LLC

FILED

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SECHETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 9/15/2010 The Articles of Organization for this Limited Liability Company were filed on and assigned L10000096651 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 | <u>Address</u> **Type of Action** MGR James M. Fraser 515 Louisa St - Unit A ☐ Add Key West FL 33040 ✓ Remove MGRM KWEST PROPERTIES, LL 4412 Hickory Lake Court ✓ Add Glen Allen VA 23059 Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 23 Dated_ Signature of a member or authorized representative of a member Gregory S. Oropeza, Esq., as Attorney in Fact Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00