## LICOCOPAUL

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	i
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

Division of Corp			
SUBJECT:	e Realty Name of Limit	+ Investments ed Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Stela	Name of Person	
			^
	Core Rec	Orm/Company	uts
	6214-XP	residential Ct	•
		Address	
	Ft. Me	15 FL 33919	
		os FL 33919 City/State and Zip Code Cove realty 24. c	
	·	o be used for future annual report notificati	on)
For further information cor	icerning this matter, please ca	all:	
Stefan Dan Name of I	nda wal	at ( 239 ) 313 - 336 C Area Code & Daytime Te	lephone 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 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**

Core Realty & Turestments LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
Florida document number <u>L 10000099264</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Core Realty International LLC  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)  Ft. Myers FL 33919
(Principal office address MUST BE A STREET ADDRESS) Sulte
Ft. Myers FL 33919
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: Robert J Swith
New Registered Office Address: 6214 Presidential Ct Suitex
Enter Florida street address
+t. Horida 33919
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:

· MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert J Smith	6214 Presidential Ct.	\( \overline{\sum_{Add}} \)
		suite A	Remove
		Ft. Myars FL 33919 1717. N. Baydisse Dr.	<b>–</b> ,
MGRH	Sofra + Stefanos Homes	1717. N. Bayshore Dr.	🗹 Add
		#1651	Remove
		Maml, FL 33132	
			Add
			Remove
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			Add
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	Signature of a member or authorized representative of a member  Robert J. Swith
	41101

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Filing Fee: \$25.00