

L1000001187154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

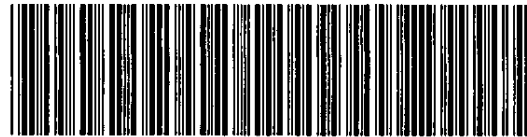
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12 MAY 25 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BELISLE REAL ESTATE HOLDINGS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LANI BELISLE

Name of Person

Firm/Company

14009 CLEAR WATER LANE

Address

FORT MYERS, FL 33907

City/State and Zip Code

LANIBELISLE@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LANI BELISLE

Name of Person

at (**239**)

826-5647

Area Code & Daytime 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 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**

BELISLE REAL ESTATE HOLDINGS, 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 NOVEMBER 15, 2010 and assigned Florida document number L10000118754.

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:

14009 CLEAR WATER LANE

(Principal office address MUST BE A STREET ADDRESS)

FORT MYERS, FL 33907

Enter new mailing address, if applicable:

14009 CLEAR WATER LANE

(Mailing address MAY BE A POST OFFICE BOX)

FORT MYERS, FL33907

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:

LANI BELISLE

New Registered Office Address:

14009 CLEAR WATER LANE

Enter Florida street address

FORT MYERS

Florida

33907

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.

Lani Belisle
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	1031 REVERSE	EXCHANGE COMPANY, LLC	<input type="checkbox"/> Add
		1520 ROYAL PALM SQ. BLVD #320	<input checked="" type="checkbox"/> Remove
		FORT MYERS, FL 33919	
MGRM	LANI BELISLE	14009 CLEAR WATER LANE	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 25 PM 2:17

FILED

Dated APRIL 30, 2012

Theresa Knowler

Signature of a member or authorized representative of a member

THERESA KNOWLER

Typed or printed name of signee