

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
An





05/20/14--01006--014 **25.00





COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJE	Woodi	mere Realty A	Advisors, LLC	
SUBJE	.C1:		ted Liability Company	
The en	closed Articles of Ar	nendment and fee(s) are subr	mitted for filing.	
Please	return all correspond	ence concerning this matter t	to the following:	
		Henry Rodrig	MUE7	
		Ticiny Roding	Name of Person	
		Moodmore [1.0
		vvoodmere r	Realty Advisors, L	.L.C
			Firm/Company	
		P.O. Box 57	9	
			Address	
		Osprey, FL	34229	
			City/State and Zip Code	
		hrodriguezsdc@c		
			o be used for future annual report notificat	ion)
For fur	ther information con	cerning this matter, please ca	ill:	
He	nry Rodri	guez	_{at} (941) 735-70	61
	Name of P	erson	Area Code Daytime Te	elephone Number
Enclose	ed is a check for the	following amount:		
s 25	5.00 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Woodmere Realty Advisors, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L1100003024	y were filed on <u>1/01/11</u>	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
		75 -
he new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LL	.C" or the abbreviation. L.L.C."
Enter new principal offices address, if applicable:		7 2
Principal office address MUST BE A STREET ADDRESS)		
		P. 4
		DRIE DRIE
Enter new mailing address, if applicable:		→ ~7
Mailing address MAY BE A POST OFFICE BOX)		
Table of the Control		
B. If amending the registered agent and/or registered of	office address on our record	s, enter the name of the
egistered agent and/or the new registered office address he		ontol the hame of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ss
	, Florida	
	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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Wendell T. Menke	1515 Ringling Blvd, #8	90 Add
		Sarasota, FL 34236	■ Remove
			Add
			Remove
			□ Add
			Remove "
			20 PH Add IS
			☐ Remove
			□ Remove
			☐ Remove

D. If amen	ding any other information, enter change(s) here: (Attach additional shee	ets, if necessary.)	
, ,			
, –			
	<u> </u>		
			
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. Effectiv	e date, if other than the date of filing:	(optional)	
(The effect	tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more the his document is filed by the Florida Department of State)	an 90 days after	
uic date i	ans document is fined by the Florida Department of State)		
Dated _	· · · · · · · · · · · · · · · · · · ·		
	Soll M_		
	Signature of a member or authorized representative of a mem	ber	
	W. Todd Menke	Erea.	
	Typed or printed name of signee	E.S.	<u>-</u> -
		Number of the state of the stat	200
		35 T	N .
			O :
		e de la companya de l	P :
		micr Omi	,
		<u> </u>	·••

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Filing Fee: \$25.00