## L11000008787

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SECRETARY OF STATE ON VISION OF CORPORATION

C. LEWIS
FEB 1 9 2013
EXAMINER

## **COVER LETTER**

TO: Regi

Registration Section
Division of Corporations

SUBJECT: New Pass Realty, 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:

Jonas Forslund

Name of Person

Jonas Forslund, LLC

Firm/Company

5519 83rd Terrace E

Address

Sarasota, FL 34243

City/State and Zip Code

jonas@jonasforslund.com

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

For further information concerning this matter, please call:

Jonas Forslund

<sub>31/</sub>941、**266-176**1

Name of Person

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2013 FEB 18 AM 8: 46

New Pass Realty, LLC		
(Name of the Limited I (A l	Liability Company as it now appear: Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Lia Florida document number <u>L11000008787</u>	ibility Company were filed on <u>Jar</u>	nuary 20, 2011 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here	;
Jonas Forslund, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
	<del></del>	
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE B	(OX)	
B. If amending the registered agent and/or registered agent and/or the new registered offi	-	ur records, <u>enter the name of the ne</u> v
Name of New Registered Agent:		
New Registered Office Address:	Ente	er Florida street address
		. Florida
	City	Zip Code
New Paristared Agent's Signature if changing De	egistoped Agonts	

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:

<u> Citle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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D. If am	sending any other information, enter change(s) here: (Attach additional sheets, if necessapy)ED STATE SECRETARY OF STATE OHVISION OF CORFORATION
	2013 FEB 18 AM 8: 46
Dated	2-11-2013.
	tono ( Do la )
	Signature of a member or authorized representative of a member  Jonas Forslund
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00