111000015654

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200257627492

03/17/14--01034--001 **25.00



MAR 18 2014 T CLINE

COVER LETTER

Name of Limited Liability Company

TO:	Registration Section
	Division of Corporations
	ADDIAND

SUBJECT: ADRIAN REALTY, LLC

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

Please return all correspondence concerning this matter to the following:

Roland Sanchez-Medina Name of Person SMGQ LAW Firm/Company 201 Alhambra Circle, Ste 1205 Address Coral Gables, FL 33134 City/State and Zip Code ELAO@SMGQLAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Roland Sanchez-Medina 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

ADRIAN REALTY, LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 02/04/2011	and assigned
Florida document number L11000015654	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
ADRIAN HOMES REALTY, LLC		
The new name must be distinguishable and end with the words "Li	imited Liability Company," the designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	,	
(Principal office address MUST BE A STREET ADD	RESS)	
		7.00
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		12 T
		<u> </u>
		ြူ ယ
B. If amending the registered agent and/or regis		nter the name of the ne
registered agent and/or the new registered office add	<u>dress here</u> :	;> ω
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	2
	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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Add
			□ Remove
			Add 20 Remove
			Remove
			Remove
			□ Add
			☐ Remove
			Add
			Remove

	on, enter change(s) here: (Attach additional sheets, if	necessary.
•		
	* *	
		
iffective date must be specific, cannot late this document is filed by the Flori	be prior to date of receipt or filed date and cannot be more than 90 d	ptional) ays after
ffective date must be specific, cannot late this document is filed by the Flori	be prior to date of receipt or filed date and cannot be more than 90 d da Department of State)	
iffective date must be specific, cannot late this document is filed by the Flori	be prior to date of receipt or filed date and cannot be more than 90 d	
ective date, if other than the deffective date must be specific, cannot date this document is filed by the Flori and March 10	be prior to date of receipt or filed date and cannot be more than 90 d da Department of State)	
effective date must be specific, cannot date this document is filed by the Flori and March 10	be prior to date of receipt or filed date and cannot be more than 90 d da Department of State) 2014	
effective date must be specific, cannot date this document is filed by the Flori and March 10	be prior to date of receipt or filed date and cannot be more than 90 d da Department of State) 2014 Ignature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00