L110000027929

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2011 JUL 26 AM 10: 53
SECRETARY OF STATE
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ANASSEE. FLORID

C. LEWIS

JUL 2 7 2011

EXAMINER

COVER LETTER

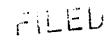
TO: Registration : Division of Co	Section orporations				
SUBJECT:	2617 Curtis LLC				
	Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.				
Please return all corres	pondence concerning this matter to the following:				
	Lawrence Swan				
	Name of Person				
	Caloosehatche Tax & Financial Services Inc				
	Firm/Company				
	709 Cape Coral Pkwy West				
	Address				
	Cape Coral FL 33914				
	City/State and Zip Code				
	Lawrence.swan@ctfs.us E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please call:				
	awrence Swan at (239) 540-2612 of Person Area Code & Daytime Telephone Number				
Name	Area Code & Dayume Telephone Number				
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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



2011 JUL 26 AM 10: 53

(<u>Name of the Limited L</u> (A F	2617 Cur	tis LLC	SECRETA	RY OF STATE SSEE, FLORIDA
(Name of the Limited L. (A F.	lorida Limited L	iability Company)	ai our records.)	
The Articles of Organization for this Limited Liab Florida document number L110000279	oility Company	were filed on	3/7/2011	and assigned
This amendment is submitted to amend the follow A. If amending name, enter the new name of the		lity company here:		
The new name must be distinguishable and end with to "L.L.C."	the words "Limit	ed Liability Company	," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		709 Cape Coral Parkway West		
(Principal office address MUST BE A STREET	ADDRESS)	Cape Coral FL 33914		
Enter new mailing address, if applicable:		709 Cape Cora		
(Mailing address MAY BE A POST OFFICE BOX)		Cape Coral FL 33914		
B. If amending the registered agent and/or registered agent and/or the new registered office			· records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:	Lawrence S	wan		
New Registered Office Address:	Coral Pkwy West Enter Florida street address			
	c	ape Coral	, Florida	33914
		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> Name 1 <u>Address</u> Type of Action MGRM **DDM Residential LLC** 1208 E Kenedy Blvd Suite 231 ☐ Add Tampa FL 33602____ **√** Remove MGRM Dror Shlomi 709 Cape Coral Pkwy West Remove Cape Coral FL 33909 _ ☐ Add Remove

		-	
			Add Remove
			AddRemove
			Add Remove
D. If amen	ding any other information	, enter change(s) here: (Attach ad	dditional sheets, if necessary.)
			7A.S.
			2011 JUL 26 SECRETAR TAILLAHASSI
Dated	July 21st		AM 5: 53 FE. FLORIDA
	Signatu	e of a member or authorized represen	
		John Howell	
		Typed or printed name of sig	nee

Page 2 of 2

Filing Fee: \$25.00