## L110005/673

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT .	MAIL
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(Docu	ment Number)	
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Special Instructions to Fill	ing Officer:	
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SECRETARY OF STATE

C. BRUCE DE DE CONTRER CONTRE CO

APPROVED

## **COVER LETTER**

\$55.00 Filing Fee &

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(additional copy is enclosed)

**MAILING ADDRESS:** 

□\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

TO:

**Registration Section** 

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

## STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(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

Aurora Properties 18 (Name of the Limited Liability Companion (A Florida Limited Liability)	34 LLC av as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL1100005167.3	were filed on 05 2 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1944 Aurora Rd Melbourne, FU 32935
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 411451 P.C. Box 411451 P.C. Box 411451 P.C. Box 411451 P.C. B294 P.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:  New Registered Office Address:  1944	Aurora Rd Enter Florida street address
Melba	OUT NC , Florida 32935  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

Page 1 of 2

APPROVE

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 = Ma	naging Member				
<u>Title</u>	Name	Address	Type of Ac	<u>tion</u>	
MGRM	Ray M. Tatum	6882 Edgwater Commerce Furkway Orlando, FC 32810	dd _ <b></b> Remove 		
MORM	Charles H. Thomps	on 14048 Lake Price Dr.	dd kemove		
<u>MGB</u> m	Daniel Foreman	3559 Imperata Or.	dd emove	•	
<u>p</u>	Oaniel Foreman	1944 Avrora Rd Melbarne, FC32935	dd _ emove		
			_□□dd _□□emove 		
			dd pmove 		
D. If amending	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)			
			SECRETARY OF STATE	12 OCT 25 AHII: 48	FILED
Dated O	ober 2a .201	2.	. 화 :		
-	Daniel Fo	or authorized representative of a member or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00