L11000066615

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COVER LETTER

Division of C		₩ A A A A A A A A A A A A A A A A A A A		
SUBJECT:	SELLS RE	EAL ESTATE, LLC		
SUBJECT:		nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
		DIXIE SELLS		
	·	Name of Person		
	SEI	LLS REAL ESTATE LLC		
		Firm/Company		
	15	1545 ANCROFT COURT		
		Address		
	NEW	PORT RICHEY, FL 34655		
		City/State and Zip Code		
	E-mail address:	OICK@DSELLS.COM (to be used for future annual report notification)		
For further information	concerning this matter, please			
DIXIE SELLS Name of Person		at (727) Area Code & Daytime Telephone Number		
Name	e 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	S55.00 Filing Fee & S60.00 Filing Fee, 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

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SELLS	REAL ESTATE LLO	IALLAHAS	SEE. FLORIDA
SELLS (<u>Name of the Limited Liabili</u> (A Florid	a Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL11000066675		JUNE 7, 2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applicable:			<u>, , , ,</u>
(Principal office address MUST BE A STREET ADL	DRESS)		

Enter new mailing address, if applicable:			
(Malling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	•		<u> </u>
	Enter Florida street address		
	City	, Florida	Zip Code
	Cuy		zip com

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> <u>Name</u> <u>Address</u> **Type of Action** MGR RICHARD SELLS ✓ Add 1545 ANCROFT COURT NEW PORT RICHEY, FL 34655 Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JULY 29** 2011 Dated

Typed or printed name of signee
Page 2 of 2

Signature of a member or authorized representative of a member DIXIE SELLS

Filing Fee: \$25.00