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EXAMINE

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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	LPT RE	EALTY L.	L.C.	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	Jai	mie Greu Name of Person	Sel	
	Law Offi	Firm/Company Jav	nie Greus	el
	1104 N.	COULER C	SLVD.	
	MARCO	TSLAND, FL City/State and Zip Code	341	TILE
	-t-mail address: (td	be used for future annual report notificat		П
For further information c	oncerning this matter, please ca	11:	OF STATE STATE	
Jamie o	16reusel	at (239) 394 Area Code & Daytime To	- 0 1 1 1	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

LPT REALTY	L.L.C.
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on June 10, 2011 and assigned
Florida document number <u>L/100006787</u> 2	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
LTP REALTY OF PLORIDA	
The new name must be distinguishable and end with the words "Limited "L.L.C."	I Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	HASS L
-	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ÖM S

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	, Florida
New Registered Office Address:	Enter Florida street address
Name of New Registered Agent:	

City

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

Zip Code

GR = Ma GRM = N	nager ⁄Ianaging Member		
<u>le</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00