

L 11 000 114926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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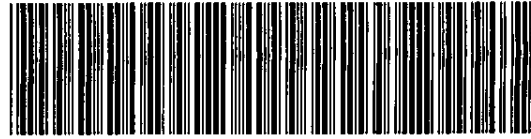
(Business Entity Name)

(Document Number)

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2011 DEC - 2 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
DEC - 5 2011  
EXAMINER

11-114926

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ACROSS THE BAY REAL ESTATE**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**ANTHONY G. CANIZARES**  
Name of Person  
**ACROSS THE BAY REAL ESTATE**  
Firm/Company  
**1206 MILLENNIUM PKWY #2008**  
Address  
**BRANDON, FL 33511**  
City/State and Zip Code  
**INFO@REMAXACROSSTHEBAY.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ANTHONY G. CANIZARES** at ( **813** ) **406-7355**  
Name of Person Area Code & Daytime Telephone Number

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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**

ACROSS THE BAY REAL ESTATE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/07/2011 and assigned Florida document number 45-3585010.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5009 GAINSVILLE DR.  
TEMPLE TERRACE, FL 33617

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5009 GAINSVILLE DR.  
TEMPLE TERRACE, FL 33617

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**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:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address:

5009 GAINSVILLE DR.

*Enter Florida street address*

TEMPLE TERRACE, Florida

33617

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GRADY DAVID TIPTON	5009 GAINSVILLE DR. TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ANTHONY CANIZARES	5009 GAINSVILLE DR. TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MELANIE Chadwell-Norris	5009 GAINSVILLE DR. TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove


D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
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FILED

Dated Nov 28, 2011

  
 Signature of a member or authorized representative of a member

Anthony G CANIZARES  
 Typed or printed name of signee