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SECTABLY OF STATE
ALLAHASSEE, FLORIDA

K. SALY EXAMINER OCT 3 0 2012

## **COVER LETTER**

TO: Registration Sec Division of Corp		
SUBJECT:	Toland Investigation	Palty LCC
	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Jec VSRNTK Name of Person	
	Island Invested Real	17 11c
	3340 F Bay De	<u>-</u>
	City/State and Zip Code	1217
	E-mail address: (to be used for future annual report notification)	<del>)</del>
For further information co	oncerning this matter, please call:	
Janes C Name of	f Person at (941) 799-9 Area Code & Daytime Telep	PO9G hone Number
Enclosed is a check for the	ne following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status  Certificate of Status  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

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IALLAHASSEE, FLORIDA

(Name of the Limited Lix	VESTOR REALTY, L.L. ability Company as it now applears on or	r records.) C. SIATE
(A F)	orida Limited Liability Company)	7
The Articles of Organization for this Limited Liab		7 - 2011 and assigned
Florida document number <u>L11000119054</u>	<del>/</del> .	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
	<del> </del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	<del>- · · · · · · · · · · · · · · · · · · ·</del>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		cords, enter the name of the new
registered agent and of the new registered office	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
		, Florida
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

. **L** 

MGR = Manager

MGRM = Managing Member

**Address** <u>Title</u> **Name** Type of Action Add Remove ☐ Add Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AUN EIN 80-085-725-6 Dated 16-24-12 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00