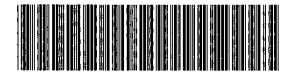
L11000121251

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



700239609107

09/26/12--01015--015 **25.00

SECRETARY OF STATE TALL AHASSEE, FI ORBITA

12 SEP 26 PH 12: (

D. BRUCE

SEP 27 2012

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor		, e
SUBJI	ECT:	Majesty Hold	ings Properties LLC
5000			ted Liability Company
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please	return all correspo	ondence concerning this matter	to the following:
			Vincent J. Cassidy
			Name of Person
		Maj	esty Title Services, LLC
			Firm/Company
			4006 S. MacDill Ave
			Address
			Tampa, FL 33611
			City/State and Zip Code
		vca	Tampa, FL 33611 City/State and Zip Code ssidy@majestytitle.com to be used for future annual report notification)
			to be used for future annual report notification) call: at (813) 831-3885, X110 Area Code & Daytime Telephone Number
For fu	rther information (concerning this matter, please of	
	Vin	cent Cassidy	at (813) 831-3885, X110 PR 100
	Name o	of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check for t	the following amount:	
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Regist Divisi	ING ADDRESS: ration Section on of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations
1 /2.6.4.		80x 6327 assee, FL 32314	Clifton Building 2661 Executive Center Circle *****Tallahassee, FL 32301

4.7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Majesty Holdings	Properties LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on October 21, 2	011 and assigned
Florida document numberL11000121251		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Majesty Prop		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	4006 S. MacDill Ave	7¥ 12
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33611	SEP .
		ASSET A
		PHI2: 0
Enter new mailing address, if applicable:	Same above	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
	THE TRACE OF THE SAME OF THE S	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	t address
	, Florid	aZip Code
	City	Lip Coue

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

<u>itle</u>	<u>Name</u>	Address	Type of Action
	·		Add Remove
			Add Remove
			Add Remove
. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	FILED 12 SEP 26 PM 12: C SECRETARY OF STATE TALLAHASSEE, FLORE 1
Dated	9/24/2012		104 17 90
	Munual)	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00