L11000131517

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R. HUNT

COVER LETTER

CUDICCT.	Residential E	levators , LLC			
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.			
Please return all correspo	ondence concerning this matter (to the following:			
	Karen Parker				
		Name of Person			
	Residential Elevators, LLC				
	Firm/Company				
	2910 Kerry Forest Parkway	/ D4-1			
	-	Address	<u> </u>		
	Tallahassee, FL 32309				
	-	City/State and Zip Code			
	licensing@residentialelevate				
	E-mail address: (t	to be used for future annual report notif	ication)		
For further information of	oncerning this matter, please ca	all:			
Karen Parker		850 906-3054 at ()			
Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for t	he 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)		

TO:

Registration Section Division of Corporations

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L. (A.F.) e Articles of Organization for this Limited Liabil orida document number 111000131517 is amendment is submitted to amend the following the name of the new name of the new name must be distinguishable and contain the words	 ng:	18/2011	and assig	ined
orida document number L11000131517 is amendment is submitted to amend the followir If amending name, enter the new name of the	 ng:		and assig	ined
If amending name, enter the new name of the		<u>re</u> :		
	limited liability company he	<u>re</u> :		
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new name must be distinguishable and contain the words	"Limited Liability Company," the de	signation "LLC" or the ab	obreviation "L.L.	C."
ter new principal offices address, if applicable	::	 -		- 7.
rincipal office address MUST BE A STREET A	DDRESS)		<u>=</u>	<u> 38 2</u> 33 1
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Enter new mailing address, if applicable:			***	
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and/of the new registered office address no	ere.			
Name of New Registered Agent:	Cogency Global Inc.			_
New Registered Office Address:	115 North Calhoun Street, Enter Flori	Suite 4 da street address		
_	Tallahassee	, Florida	32301	
	City		Zip Code	

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 605, 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.

/s/ Ken Howell, Asst. Secretary

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Pres/AR/Sec	Erin Ennis	2958 Wellington Circle	□Add
		Tallahassee, FL 32309	■ Remove
			□Change
MGR	Demory S. Boeneke	2958 Wellington Circle	■Add
		Tallahassee, FL 32309	□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Remove
			□Change

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