L 1200013875

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer:		
, ,		



08/30/12--01031--005 **25.00

FILED 12 AUG 30 PM 1: 05 SECONDARY OF STATE TALLAHASSEE, FLORIDA

C. LEWIS AUG 3 1 2012

EXAMINER

COVER LETTER				
TO:	Registration Se Division of Co		м. ^с	
*	*: •	020 (Gilmore LLC	
SUBJ	ЕСТ:		ted Liability Company	
		Amendment and fee(s) are sub ondence concerning this matter	_	
			Chip Gates	
			Name of Person	
			Avesta	
			Firm/Company	
			Address	
			Tampa, FL 33610	
			City/State and Zip Code	
		Cgat E-mail address: (tes@avestahomes.com to be used for future annual report notific	ation)
For fu	rther information of	concerning this matter, please c	all:	
	(Chip Gates	at (813)4	44-1522
	Name o	of Person	Area Code & Daytime	Telephone Number
Enclo	sed is a check for t	he following amount:		
	5.00 Filing Fee	S30.00 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		ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

COVER LETTER

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

FILED

12 AUG 30 PM 1: 05

929 Gilmo (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	re LLC <u>as it now appears (</u> ibility Company)	SECRET on our records,) Ato	ARY OF STATE NSSEE, FLORIDA
The Articles of Organization for this Limited Liability Company w Florida document number <u>L12000013875</u> .			
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:		
The new name must be distinguishable and end with the words "Limite "L.L.C." Enter new principal offices address, if applicable:	d Liability Company	," the designation "Ll	LC" or the abbreviation
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			

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:	Enter Fi	orida 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</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Integritas Residential LLC	5118 N. 56th St. Tampa, EL 33610	Add Remove
MGR_	Avesta Bral Estate Fund I LLC	5118 N. 56th St. Tampa, FL 33610	Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u></u>		Add Remove
D. If amen	iding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
-			12 A SEC
	Ana 20 . 2	U12	FILE
Dated		ef or authorized representative of a member	ED PH 1:05 SEE, FLOPIDA SEE, FLOPIDA
		Nathaniel Fischer d or printed name of signee	·····
	Туре	Page 2 of 2	
		1 450 # 01 #	

Filing Fee: \$25.00