L12000015029

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DIVISION OF CORPORATIONS

FEB 1 3 2012 T. HAMPTON

COVER LETTER

Division of Corporations				
SUBJECT: Blakely Properties 13, LLC 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:				
Amy Blakely Associates, LLC Blakely Associates, LLC Firm/Company 1304 N. Ferncreek Ave. Address Orlando F-L City/State and Zip Code blakely associates avmail. Com E-mail address: (to be used for future annual report fotification)				
For further information concerning this matter, please call:				
V-My Blakely at (407) U20 1355 Name of Person at (407) U20 1355 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ S55.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

Registration' Section'

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

The Articles of Organization for this Limited Liability Company	were filed on Feb. 1	2012 and assigned
Florida document number <u>L1200001502</u>	9	ZI SE
		SECRETAR SECRETAR VISION OF L
This amendment is submitted to amend the following:		5 FA
A. If amending name, enter the new name of the limited liab	oility company here:	유 제약이
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
T		
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records,	enter the name of the new
registered agent and/or the new registered office address here		
Name of Nam Paristand Asset		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>		orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		•

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

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 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> Name <u>Address</u> **Type of Action** ☐ Add Remove Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00