(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

AUG 21 2012

EXAMINER



700237073297

2012 AUS 20 PH 1:50

說便於例名於

12 AUG 20 AM II: 21



ACCOUNT NO. : I2000000195				
REFERENCE : 317120 7898046				
AUTHORIZATION: Spubleman				
COST LIMIT : \$ 25.00				
ORDER DATE: August 20, 2012				
ORDER TIME : 12:33 PM				
ORDER NO. : 317120-005				
CUSTOMER NO: 7898046				
DOMESTIC AMENDMENT FILING NAME: CURTIS HOUSE PROPERTIES LLC				
EFFECTIVE DATE:				
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Carina L. Dunlap EXT# 2951				
DYAMINDO C INTITALC.				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CURTIS HOUSE PROPERTIES LLC

(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil L12000020165 Florida document number	ity Company were filed on	0/2012 and assigned
This amendment is submitted to amend the following	og:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	<u> </u>
		PARTI
Enter new mailing address, if applicable:		20 AM
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	75 = 7
	***************************************	02 2
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter F	lorida 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 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 Title <u>Name</u> Address Type of Action **MGRM** ROBERT SELAME 1200 Scotia Drive #201 M Add Hypoluxo, FL 33462 ☐ Remove □ 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.) Signature of a member or authorized representative of a member Typed or printed Harne of Signee

Page 2 of 2

Filing Fee: \$25.00