120000

(Requestor's Name)				
(Address)				
,				
1				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
,				
(Document Number)				
0.4%				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
openiar monutations to 1 ming officer.				

Office Use Only



900230080239

04/20/12--01033--004 **25.00

J. SAULSBERGY

APR 23 2012

COVER LETTER

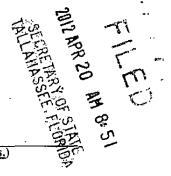
TO: Registration Se Division of Con			
SUBJECT:	-S Realty G Name of Limite	COUP, LLC ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	SECRET TO
	<u>S</u>	rephon Norwood	MIZAPR 20 AK 9: 01 SECRETARY SEE FLORII
		Firm/Company	
	PO BOX	Address	
	E-mail address: (to	- Myers FL 3391 City/State and Zip Code Phon norwood E be used for future annual report notifica	Cameastine+
For further information c	oncerning this matter, please cal		
Stepho	f Person	at (239) 69/-21- Area Code & Daytime T	elephone Number
Enclosed is a check for the	ne 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)

MAILING ADDRESS:

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



(Name of the Limited L	acally iability Compan lorida Limited Li	Croup, I y as it now appears ability Company)	on our records.)	CONTRACTOR OF THE PARTY OF THE	51
The Articles of Organization for this Limited Liab	oility Company	were filed on3	/5//2	and ass	igned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	<u>he limited liabi</u>	lity company here	:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compan	y," the designation "	LLC" or the a	abbreviation
Enter new principal offices address, if applicat	ole:	601	N Lois	Ave	Ste 19
(Principal office address MUST BE A STREET	ADDRESS)	Tan	npa, FL ?	33609	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0x)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered officers.			ır records, <u>enter</u>	the name o	f the new
Name of New Registered Agent:		Lindsey	Mitchell		
New Registered Office Address:	601	N Lov's	Ave Street add	te 19 dress	
	Tam	City	, Florida	336 Zip Code	<u>0η</u>

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

MGR = Manager

MGRM = Managing Member Title **Address** Type of Action **Name** 5414 Best St Lehigh Acres, FC 33971 Jemita Mitchell MGR \prod Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 4/16/12 Signature of a member or authorized representative of a member Jensifer Mitchell
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00