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(Re	questor's Name)	
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12 JUN 20 AM II: 15 Secretary of State

COVER LETTER

	ation Section n of Corporations' '	•	
SUBJECT:	Edwards / Da	anielson Realty LLC	;
		ted Liability Company	
	ticles of Amendment and fee(s) are sub correspondence concerning this matter	_	
	<u> </u>	Michael Edwards	
		Name of Person	
		Firm/Company	
	91	22 Bonita Beach Road	
•	Danii		25
	Bonn	ta Springs, Florida 341 City/State and Zip Code	35
	<u>medv</u> E-mail address: (i	wards2@rms-florida.co	m t notification)
For further infor	mation concerning this matter, please of	all:	
	Michael Edwards	at (239)	495-7970
	Name of Person		Paytime Telephone Number
Enclosed is a che	eck for the following amount:		·
✓ \$25.00 Filing	g Fee ☐\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	S60.00 Filing Fee, Certificate of Status & Closed) Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/C	OURIER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 JUN 20 AM 11: 15

Edwards / Daniel (Name of the Limited Liability Compar (A Florida Limited L	son Realty LLC ny as it now appears on liability Company)	SECRETARY our Fecolds! YASSE	OF STATE E, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on0	3/22/2012	_ and assigned
Florida document numberL12000040467	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company,"	the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	9351 Corkscrew Road		
(Principal office address MUST BE A STREET ADDRESS)	Estero, Florida 33	3928	
	_ , , , , , , , , , , , , , , , , , , ,		
Enter new mailing address, if applicable:	9351 Corkscrew Road		
(Mailing address MAY BE A POST OFFICE BOX)	Estero, Florida 33928		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street addre	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr	ee to act in this capac	ity. I further agree	e to comply with

If Changing Registered Agent, Signature of New Registered Agent

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 = N	Sanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Robin Darrin Hopper	9351 Corckscrew Road Estero, Florida 33928	✓ Add Remove
MGRM_	Doug Chalet	24971 S Tamiami Trail Road Bonita Springs, Florida 34135	Add Remove
			AddRemove
			AddRemove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter cl	nange(s) here: (Attach additional sheets, if necessa	12 JUN 20
		A 0 0	TILED 20 AM II: 115 28 FLORBO
Dated	,,	1 Alm)A
	Signature of a me	mper or authorized representative of a member	
		Blanca/Edwards	

Page 2 of 2

Filing Fee: \$25.00