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EXAMINER



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12 JUN 27 PM 1:44 SECRETARY OF STATE ALLAHASSEE, FLORIO

## **COVER LETTER**

TO:	Registration Secti Division of Corpo				
SURT	ECT:	FLORIDA	I4 REALTY LLC		
3013	DC1.		ed Liability Company		<del></del>
The er	closed Articles of An	nendment and fee(s) are subr	nitted for filing.		
Please	return all correspond	ence concerning this matter t	to the following:		
			DEEP SHARMA		194- <b>- 18</b> 49 <b>1</b> 14
			Name of Person		
	Firm/Company				
11406 DUTCH IRIS DRIVE					
			Address	<u> </u>	
		RI	VERVIEW, FL 33578		
			City/State and Zip Code		
deepsharma@hotmail.com  E-mail address: (to be used for future annual report notification)					
For fu	rther information con	cerning this matter, please ca		,	
		SHARMA	at ( 813 )	843-3985	
	Name of P	erson	Area Code & L	paytime retephone is	number
Enclo	sed is a check for the	following amount:	•		
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Ce closed) Ce	00 Filing Fee, ertificate of Status & ertified Copy dditional 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

	REALTY LLC  pany as it now appears on our record d Liability Company)	<u>ds.</u> )		
The Articles of Organization for this Limited Liability Compa Florida document numberL12000071821	any were filed onMAY 30, 2	2012 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company here:			
The new name must be distinguishable and end with the words "L'L.L.C."	imited Liability Company," the design	ation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	672 WOOSTER DRIVE			
(Principal office address MUST BE A STREET ADDRESS)	OCOEE, FL 34761	<b>7</b>		
		HASSEE		
Enter new mailing address, if applicable:	672 WOOSTER DRIVE			
(Mailing address MAY BE A POST OFFICE BOX)	OCOEE, FL 34761	STAFE ORID		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I		enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida str	reet address		
	, Florida			
<del></del>	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

<u>itle</u>	Name	Address	Type of Action
	<del></del>		□ Damaua
			Add
			Remove
	<del> </del>		
	·		□ Damaua
	***************************************		□ Damaya
<del></del>			□D
. If amei	nding any other information, enter	change(s) here: (Attach additional sheets,	if necessary.)
_			
_		·	
_	1 210		
Dated	June 25th,	Rane	
	Signature of a r		per
		DEEP SHARMA Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00