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C. LEWIS
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EXAMINER

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Select Properties of Northwest Florida 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:
Joseph R Bracciale
Name of Person
Joseph R Bracciale  Name of Person  Select Properties of Northwest Florida LL  Firm/Company
<u>l Sandestin Estates Drive</u>
Miramar Beach, FL 32550 City/State and Zip Code
H282003@gmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joseph Bracciale  Name of Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  (additional copy is enclosed)  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

DIVISION OF CORPORATION 2012 NOV 26 PM 1: 40

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ Florida document number \_\_\_L1 20000 75391. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) त्रात्वत्र प्रतिकृतिक विशेष्ट विशेषिक्षेत्र । प्रतिकार क्षेत्र कृतिक स्वतिकृति । स्वतिकृति । स्वतिकृति । स्वति इतिकार स्वतु प्रतिकार स्वति । स्वति कृति । स्वतिकार स्वतिकृति । स्वतिकृति । स्वतिकृति । स्वतिकार स्वतिकार स्वत ter from the first of the first first for the state of the first of the first first first first of the first o The first of the first o B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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

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ending or early a second

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	Addre	ess	<u>T</u>	ype of Action
MGR	CARNELLA BR	PACCIALE	l Sandestin Esta Miramar Beac 32550	ites DR h, FL	Add
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		Page 2 of 3			

D. If amending a	y other information, enter change(s) here: (Attach additional sheets, if necessary.)	2012 NOV OF COAPS SAME
		_2012 NOV 26 PM 1:40
Dated Noven	ber 20, 2012.	
	Signature of a member or authorized representative of a member    Joseph   BRacciale JR	

Page 3 of 3

Filing Fee: \$25.00