Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NORTHWEST REGITERED AGENT LLC

Account Number : I20090000081

Phone

: (509)768-2249

Fax Number

: (866) 543-4731

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OLDE LINEN REALTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

C. LEWIS

JUL - 9 2012

EXAMINER

From Arielle 1.888.768.1957 Fri Jul 6 07:50:12 2012 MST Page 2 of 3**

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

コースのころ

12 JUL -6 AM 8: 15

SEUR: PARY OF STATE TALLAMASSEE, FLORIDA

Olde Li	nen Realty LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appear mited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Co Florida document numberL12000086780			and assigned
This amendment is submitted to amend the following:	÷		
A. If amending name, enter the new name of the limit	ed liability company ber	<u>e</u> :	
		_	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compa	ny," the designation "L	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
	444		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, <u>enter tl</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addr	ess
		, 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 Changing Registered Agent, Signature of New Registered Agent

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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 Name <u>Address</u> Type of Action MGRM Wy Nyth Inc. Add
 Remove
 Remov 3030 N. Rocky Point Dr. Suite 150A Iampa, Fl. 33607 MGRM Robert Court ☐ Add ☑ Remove 3030 N. Rocky Dr Suite 150A Tampa FL 33607 ☐ Add Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 3 Signature of a member or authorized representative of a member Robert Court Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00

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