

| (Re                     | questor's Name)     |                                                |
|-------------------------|---------------------|------------------------------------------------|
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| (Ad                     | dress)              | · · · · · · · · · · · · · · · · · · ·          |
|                         |                     |                                                |
| (Ad                     | dress)              |                                                |
| (Cit                    | y/State/Zip/Phone   | <u>. #)                                   </u> |
| (O.                     | yrotatorzipir rione | · ",                                           |
| PICK-UP                 | MAIT                | MAIL                                           |
|                         |                     |                                                |
| (Bu                     | siness Entity Nan   | ne)                                            |
|                         |                     |                                                |
| (Do                     | cument Number)      |                                                |
| Certified Copies        | Certificates        | of Status                                      |
|                         | _                   |                                                |
| Special Instructions to | Filing Officer:     |                                                |
| ·                       | -                   |                                                |
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Office Use Only



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SLORETARY OF STATE

B. BOSTICK

JUL 18 2012

EXAMINER

## **COVER LETTER**

| TO: Registration S Division of Co |                                            |                                                          |                                |                                                             |        |
|-----------------------------------|--------------------------------------------|----------------------------------------------------------|--------------------------------|-------------------------------------------------------------|--------|
| SUBJECT:                          | Long & Associate                           | es Realty of Tamp                                        | a LLC                          |                                                             |        |
|                                   |                                            | ited Liability Company                                   |                                | •                                                           |        |
| The enclosed Articles o           | f Amendment and fee(s) are sub             | omitted for filing.                                      |                                |                                                             |        |
| Please return all corresp         | ondence concerning this matter             | to the following:                                        |                                |                                                             |        |
|                                   |                                            | Amy Smith                                                |                                | _                                                           |        |
|                                   |                                            | Name of Person                                           |                                |                                                             |        |
|                                   | Long & As                                  | sociates Realty of Ta                                    | mpa LLC                        | _                                                           |        |
|                                   |                                            | Firm/Company                                             |                                | _                                                           |        |
|                                   | :                                          | 21750 State Road 54                                      |                                |                                                             |        |
|                                   |                                            | Address                                                  |                                | •                                                           |        |
|                                   |                                            | Lutz Florida 33549                                       |                                |                                                             |        |
|                                   |                                            | City/State and Zip Code                                  |                                | 12<br>SEI<br>TALI                                           |        |
|                                   | F mail addraga (                           | csasmith@yahoo.com<br>to be used for future annual rep   | )                              | . <u>Ş</u>                                                  | and he |
| For further information           | concerning this matter, please             | •                                                        | ort nouncation)                | JUL 16<br>DECTARY<br>AHASSI                                 |        |
|                                   | , France                                   |                                                          |                                | [13-4]                                                      |        |
|                                   | Amy Smith                                  | at (_813 )                                               | 334-1667                       | AH 9:                                                       | J      |
| Name                              | of Person                                  | Area Code &                                              | Daytime Telephone Numb         | AILE V                                                      |        |
| Enclosed is a check for           | the following amount:                      |                                                          |                                |                                                             |        |
| \$25.00 Filing Fee                | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is e | Certific<br>enclosed) Certific | Filing Fee,<br>cate of Status<br>ed Copy<br>onal copy is er |        |

## **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

| Long & Associa                                                                                   | ates Realty of Tamp           | oa LLC s on our records.)    |                        |  |
|--------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|------------------------|--|
| ( <u>Name of the Limited Liabilit</u><br>(A Florida                                              | Limited Liability Company)    | ,                            |                        |  |
| The Articles of Organization for this Limited Liability (                                        | Company were filed on         | 7/10/2012                    | and assigned           |  |
| Florida document number L12000089611                                                             |                               |                              |                        |  |
| This amendment is submitted to amend the following:                                              |                               |                              |                        |  |
| A. If amending name, <u>enter the new name of the lim</u>                                        | nited liability company her   | <u>e</u> :                   |                        |  |
| The new name must be distinguishable and end with the wo                                         | ords "Limited Liability Compa | ny," the designation "       | LC" or the abbreviatio |  |
| Enter new principal offices address, if applicable:                                              |                               | ·                            |                        |  |
| (Principal office address MUST BE A STREET ADD                                                   | RESS)                         |                              | <del></del>            |  |
|                                                                                                  |                               |                              | 20 5                   |  |
| Enter new mailing address, if applicable:                                                        | ,                             | 5                            |                        |  |
| (Mailing address MAY BE A POST OFFICE BOX)                                                       |                               |                              | 70 7 11                |  |
|                                                                                                  |                               | ]<br>                        | -                      |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office add |                               | our records, enter           | the name of the new    |  |
| Name of New Registered Agent:                                                                    |                               |                              |                        |  |
| New Registered Office Address:                                                                   | F.o.                          | ton Florida atreat ad        |                        |  |
|                                                                                                  | En                            | Enter Florida street address |                        |  |
|                                                                                                  | City                          | , Florida                    | 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

MGRM = Managing Member **Type of Action** Address <u>Title</u> **Name MGRM** Robert E Long III ☐ Add 1527 White Hawk Trail Lutz, Florida 33549 ✓ Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Amy Smith Typed or printed name of signee

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Filing Fee: \$25.00