

L120000091212

(Requestor's Name)

(Address)

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(Document Number)

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12 DEC 26 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1031 EXCHANGE CORP FOR BERMUDA ISLES, 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:

Susan Hulls

Name of Person

1031 Exchange Corp for Bermuda Isles, LLC

Firm/Company

341 Micklers Rd

Address

St. Augustine, FL 32080

City/State and Zip Code

Sm1031exchange@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Hulls

Name of Person

at (954 684-6645

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2012

SUSAN MILLS
341 MICKLERS ROAD
ST AUGUSTINE, FL 32080

SUBJECT: 1031 EXCHANGE CORP FOR BERMUDA ISLES, LLC
Ref. Number: L12000098486

We have received your document for 1031 EXCHANGE CORP FOR BERMUDA ISLES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORP.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 612A00028772

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1031 EXCHANGE CORP FOR BERMUDA ISLES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/31/12 and assigned Florida document number L12000098486.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~1031 EXCHANGE CORP, LLC~~ 1031 EXCHANGE SERVICES, LLC
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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

_____, 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

FILED
2012 JUL 31 PM 3:08
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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:

N/A

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

11/29, 2012

Susan H. Mills

Signature of a member or authorized representative of a member

SUSAN H. MILLS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00