12-000101765

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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T. CLINE
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EXAMINER



COVER LETTER

TO: Registration Sec Division of Corp			,,
SUBJECT: Terranov	a Real Estate LLC Name of Limit	ed Liability Company	
	mendment and fee(s) are sub		
	George Befeler, Esc	Name of Person	
	Homer Bonner, P.A	A. Firm/Company	
	_1200 Four Seasons	Tower, 1441 Brickell Aver	nue
	Miami, Florida 33	131 City/State and Zip Code	
	gbefeler@homerbo	onner.com o be used for future annual report notificati	ion)
For further information co	ncerning this matter, please ca	all:	
George Befeler, Es		at (305) 350-5159 Area Code & Daytime Te	elephone Number
Enclosed is a check for the	e 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)
MAII I	NC ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Terranova Real Estate LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our rec a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on <u>8/07/2012</u>	and assigned
Florida document number <u>L12000101765</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Saint Emilia Properties, LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
		in 5
		35 8 m
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		F (7)
		ÖFI P
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our records dress here:	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
		orida
	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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n. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Attach additional sheets, if necessary.)			moer or authorized representative of a member	
ated			ofeler Esc	*

FILES 2012 KDV 26 PH 1:23 SECNETIARY OF STARE FALLAHASSET, PAURIOA 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

	Managing Member		
<u>Title</u> -	<u>Name</u>	Address	Type of Action
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f ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•	•	
_ 	11/20/12	
	Signature of a member or authorized representative of a member George Reference Typed or printed name of signee	
	Tages of S	

Filing Fee: \$25.00

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