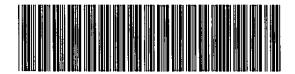
LIZOUIZO447

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(orly, carto, z.p.) Horio ny
PICK-UP WAIT MAIL
(Business Entity Name)
(Dawner, A.N., -1, -)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400291935684

11/14/16--01005--015 **25.00

FILEU
2016 MOV 14 P # 23

S Warren NOV 1 5 2016

COVER LETTER

то		ation Section of Corporat	ions		
SU	ВЈЕСТ:	Lowe	- Realty & Name of Limi	Investments, L	LC
The	e enclosed Art	ticles of Amer	dment and fee(s) are subr	nitted for filing.	
Ple	ase return all	corresponden	ce concerning this matter t	o the following:	
			Antricia 7	Senna Name of Person	
		_	Lowe Rea	ety & Investme	nts, LLC
		_	3725 NE	Pineapple aver	we_
		. –	Jensen B	City/State and Zip Code	90
٠		_	E-mail address: (t	o be used for future annual report noti	fication)
For	further inform	mation concer	ning this matter, please ca	II:	
1	atu 7	Senna Name of Pers	n	at (<u>112)</u> <u>225-</u> Area Code Daytim	5880 e Telephone Number
En	closed is a che	eck for the fol	lowing amount:		
蚞	\$25.00 Filing	g 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

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

Lowe Reacty & Investments, 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 9/20/20/2 and assigned Florida document number L/2000/20447.
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 contain 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)
SA # SECOND
B. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here:
Name of New Registered Agent: Shayna M. Bechtel
Name of New Registered Agent: New Registered Office Address: Shayna M. Bechtel 3725 SE Ocean BIVO, Swite 101 Enter Florida street address Stuart, Florida 34996
Stuart, Florida 34996
City Zip Code New Degistered Agent's Signature if changing Pagistered Agent:

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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR ≠ Manager

AMBR = Aut	horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager 146	Robert Lowe	3725 NE Pineapple Give Jensen Beach, FL 34957	Add
		Jensen Beach, FL 34957	Remove
			Change
Manager	Andrew R. Spears	Jensen Brack, FL 3495	<u>√</u> № OAdd
		Jensen Brack, FL 3495	7 □ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			Change
			🗆 Add
			□ Remove
		PRETARY OF THE SERVICE OF THE SERVIC	Add
			Repo e
			Change

	2							
. —	4					••		
							•	
	•							
								
	`							
		····				·		
			<u></u>					
·4·		- 41 3-4 6 6 91	•		4-	42 IN		
ective n effect	e date, if other than ive date is listed, the date	i tne date of fill e must be specific a	ing:and cannot be prior	to date of filing or n	(0 nore than 90 days :	ptional) after filing.) l	Pursuant to	605.020
te: If	the date inserted in th	nis block does no	t meet the applic	able statutory filir	ig requirements,	this date w	ill not be	listed a
cument	t's effective date on the	he Department of	f State's records.	•				
	d specifies a dela			t an effective	time, at 12:0)1 a.m. o	n the ea	arlier d
rne 90	Oth day after the	record is file	d.					
	1.101					. , r	<u>ي</u>	
	11/9/201	7	_,					-
ted		//				至落	5.	
ted		//	/ 4.,	^ ^ ^			- Colons	
ited		MITH	UK/B	1 lan		<u> </u>		
ted		Signature of	a member or author	brized representative	of a member	TARY ASSE	NOV PLAN	m
ited		Signature of Patricia		orized representative	e of a member	TARY OF	TO TO	

Page 3 of 3

Filing Fee: \$25.00