## L12000142984

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D. ERYCE

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Schmi	idt Real Estate Florida LLC		
SUBJECT.	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are submitted for filing.		
Please return all correspo	ondence concerning this matter to the following:		
	Tom Gray		
•	Name of Person		
Schmidt Real Estate, Inc.			
	Firm/Company		
	522 E. Front Street		
	Address		
	Traverse City, MI 49686		
	City/State and Zip Code		
	tom.gray@cbgreatlakes.com  E-mail address: (to be used for future annual report notification)		
For further information co	oncerning this matter, please call:		
Jill N. Colth	in the second se		
	f Person Area Code Daytime Telephone Number		
	22 22 3 S S S S S S S S S S S S S S S S		
Enclosed is a check for th			
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  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

## SCHMIDT REAL ESTATE FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A F	lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L12000142984</u>	ity Company were filed on 11/09/2012	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the word	ls "Limited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter tages address here:</u>	the name of the new
Name of New Registered Agent:		720 mm
New Registered Office Address:		3
_	Enter Florida street address , Florida  City	22 P
New Registered Agent's Signature, if changing Regis	, i	
provisions of all statutes relative to the proper a accept the obligations of my position as registere	gent and agree to act in this capacity. I further agr nd complete performance of my duties, and I am fo ed agent as provided for in Chapter 605, F.S. Or, i stered office address, I hereby confirm that the lim nge.	amiliar with and if this document is

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> **Address** Type of Action Kenneth Alan Schmidt **AMBR** 599 Hidden Forest Trail ■ Add Traverse City, MI 49686 □ Remove □ Add □ Remove □ Add ☐ Remove ☐ Add ☐ Remove NA AUB 22 PA □ Remove

D. II amending any other informati	on, enter change(s) here: (Attach additional :	sheels, if necessary.)
C. Effective date, if other than the d (The effective date must be specific, cannot the date this document is filed by the Flori	ate of filing:  be prior to date of receipt or filed date and cannot be morida Department of State)	(optional) re than 90 days after
Dated August 18		
	3	•
	ignature of a member or authorized representative of a state thorized Representative of the Managing Members	-
Timotily 3. Onebeke, Au	Typed or printed name of signee	oer, scrimiut Real Estate, III

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Filing Fee: \$25.00

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