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STORE TAKE OF STATE

TALLAHAS WAY FLORING

## **COVER LETTER**

Division of Co			
Schmidt R SUBJECT:	eal Estate Florida LLC		
SUBJECT.	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	Holly A. Jackson		
		Name of Person	
	Kuiper Kraemer PC		
		Firm/Company	<del></del>
	180 Monroe Ave NW, Sui	te 400	
		Address	<del></del>
	Grand Rapids, MI 49503		
	jackson@k2legal.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Holly A. Jackson		616 454-3700	
Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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

TO:

Registration Section

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 appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on No.	ovember 9, 2012 and assigned
Florida document number 1.12000142984	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the o	_
Enter new principal offices address, if applicable:	5 6
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	28 FF O
(Mailing address MAY BE A POST OFFICE BOX)	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	77
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	our records, enter the name of the no
Name of New Registered Agent:	
New Registered Office Address:  Enter Flo	ridu 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 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Deanna Atkinson	522 E Front St. Traverse City MI 49686	<u> </u>
		<del></del>	□ Remove
			□ Change
MGR Don Randolph	Don Randotph	522 E Front St. Traverse City MI 49686	Add
		Remove	
		<del></del>	Change
			10 Add
		<del></del>	RobovE D
			Change Control 56
			Remove
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
f the rec b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	3/27 2019
	Signature of a member or authorized representative of a member
	Holly # Jackson  Typed or printed name of signee

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Filing Fee: \$25.00