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C. LEWIS
FEB 2 6 2013
EXAMINER

## **COVER LETTER**

TO: Registration Section
Division of Corporations

Florida Residential Estates

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:

Michael Probst

Name of Person

Florida Residential Estates

Firm/Company

681 Turnberry Court

Address

Tarpon Springs FI 34688

City/State and Zip Code

d.augenti@yahoo.com

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

For further information concerning this matter, please call:

Michael Probst

<sub>at</sub> 727 2 / 8 - 1028

Name of Person

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2013 FEB 25 AM 11: 46

FLORIDA Kesi	dential Estates L	.LC
(Name of the Limited Lia (A Flo	bility Company as it now appears on our recritical Limited Liability Company)	<u>:ords.</u> )
The Articles of Organization for this Limited Liabil Florida document number 300244381753	ity Company were filed on 02/05/2013	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida	street address
_		lorida
	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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager FILED SECRETARY OF STATE DIVISION OF CERETRATION or Managing Member being added or removed from our records: MGR = Manager 2013 FEB 25 AM 11: 46 MGRM = Managing Member Title Name <u>Address</u> **Type of Action** Michael Probst 681 Turnberry Ct. mgr Tarpon Springs,fl 34688 Remove

nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FILED SECRETARY OF S DIVISION OF CORRU		ED OF STATE PERATION
	2013 FEB 25	AM 11: 46
Dated 02/13/13		
		<del></del>
Signature of a member or authorized representative of a member  Michael Probst		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00