13000023449

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SECRETARY OF STATE

COVER LETTER

	egistration Se vivision of Cor			
SUBJECT	First Co	oast Real Estate & P	roperty Management LL0	
SOBJECT	'• 	Name of Limit	ed Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	endence concerning this matter	to the following:	
Brian Woolard			rd	
			Name of Person	
First Coast Real Estate & Property Managem				LC
				
75074 Brookwood Drive				
City/State and Zip Code brian@firstcoastrepm.com				
	ion)			
For further	r information c	concerning this matter, please or	o be used for future annual report notificati	ouj
		-		lack
Brian Woolard Name of Person			904 - 236-4800 Area Code & Daytime Telephone Number	
	ivanie u	n Person	Area Code & Daytime Te	stephone Number
Enclosed i	is a check for t	he following amount:		energi
\$25.00	Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Of Status & Certificate Of Status & Certificate Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Coast Real Estate & Property Management 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 02/14/2013 and assigned Florida document number <u>L</u>13000023449 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 end with 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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

MGRM = Managing Member Type of Action Title Title <u>Name</u> <u>Address</u> 96067 Tara Glen Lane Hugh E. Williams **MGRM** Yulee, FL 32097 Remove 75074 Brookwood Drive Brian D. Woolard MGRM Yulee, FL 32097 Remove Remove

f amending any other information	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
					
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		, . 			
November 5	2013	<u></u>			
Allen	Aleeleleann				
Signatu	re of a member or authorized representative of a member				
Hugh E. Williams					
	Typed or printed name of signee				
	Page 3 of 3				

Filing Fee: \$25.00

SELECTARY OF STATE

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