

L13000026363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

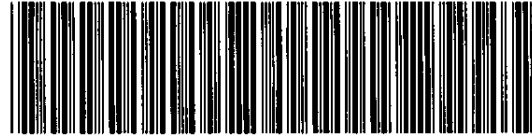
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 AUG 22 PM 4:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 26 2014
D. BRUCE

Thomas A. Kuiper
Timothy J. Orlebeke
Jack L. Hoffman
Scott W. Kraemer
Frederick E. Mackraz
of counsel

KUIPER ORLEBEKE PC
ATTORNEYS AT LAW

180 Monroe Avenue, NW
Suite 400
Grand Rapids, MI 49503
616.454.3700 Phone
616.454.0441 Fax
www.kuiperorlebeke.com

August 18, 2014

via FedEx

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Amendment for:
- **Schmidt Real Estate Florida LLC**
- **Broad Point Realty Group LLC**
- **Schmidt Real Estate Florida – Morris LLC**

Dear Sir/Madam:

Enclosed please find Articles of Amendment for the following Florida limited liability companies:

- Schmidt Real Estate Florida LLC	Document #L12000142984
- Broad Point Realty Group LLC	Document #L13000026388
- Schmidt Real Estate Florida – Morris LLC	Document #L13000025946

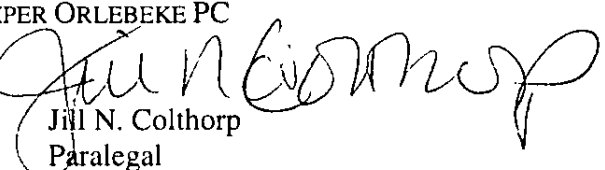
Also enclosed is this firm's check in the amount of \$75 for the total filing fees (\$25 per LLC amendment).

Please contact me if you have any questions concerning these filings. Thank you.

Sincerely,

KUIPER ORLEBEKE PC

By:


Jill N. Colthorp
Paralegal

colthorp@kuiperorlebeke.com
616-233-4182

Enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Broad Point Realty Group LLC**

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:

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 concerning this matter, please call:

Jill N. Colthorp

Name of Person

at **616 454-3700**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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2014 AUG 22 PM 4:08
TALLAHASSEE FLORIDA

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

BROAD POINT REALTY GROUP 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 02/19/2013 and assigned
Florida document number L13000026363.

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)

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2014 AUG 22 PM 4:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

_____, **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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kenneth Alan Schmidt	599 Hidden Forest Trail	<input checked="" type="checkbox"/> Add
		Traverse City, MI 49686	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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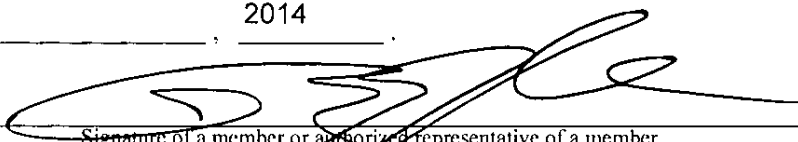
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2018 AUG 22 PM 4:00
CLERK OF DISTRICT COURT
TRAVERSE CITY, MICHIGAN

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 18, 2014



Signature of a member or authorized representative of a member

Timothy J. Orlebeke, Authorized Representative of the Managing Member, Schmidt Real Estate, Inc.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE FLORIDA