

L130000070632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

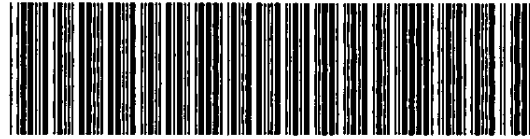
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 17 2013
D. BUTLER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PTLP Realty, LLC

Name of Limited Liability Company

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13 MAY 16 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tyler S. McRae

Name of Person

PTLP Realty, LLC

Firm/Company

4301 Anchor Plaza Pkwy. Suite 325

Address

Tampa, FL. 33634

City/State and Zip Code

tmcrae@calusapartners.com

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

For further information concerning this matter, please call:

Tyler S. McRae

Name of Person

at **(813) 951-2224**

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**

PTLP Realty, 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 5/14/13
Florida document number L13000070632

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TALLAHASSEE, FLORIDA

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:

Tyler S. McRae

New Registered Office Address:

4301 Anchor Plaza Pkwy. Suite 325

Enter Florida street address

Tampa, FL

City

, Florida 33634

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

our records, enter the title, number and date
our records:

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TALLAHASSEE, FLORIDA

Address
4301 Anchor Plaza P

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tyler S. McRae	4301 Anchor Plaza Pkwy. Suite 325 Tampa, FL. 33629	<input checked="checked" type="checkbox"/> Add <input type="checkbox"/> Remove

MGR Pine Tree Lane Partners, LLC 4301 Anchor Plaza Pkwy. Suite 325 ☐ Add
Tampa, FL. 33634 ☒ Remove

MGR John P.F. Fahey 4301 Anchor Plaza Pkwy. Suite 325 ☐ Add
Tampa, FL. 33634 ☒ Remove

MGR Andrew B. Galavis 4301 Anchor Plaza Pkwy. Suite 325 ☐ Add
Tampa, FL. 33634 ☒ Remove

_____ ☐ Add
 _____ ☐ Remove

_____ ☐ Add

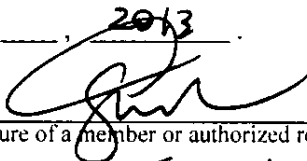
_____ ☐ Remove

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

Dated

MAY 15

2013



Signature of a member or authorized representative of a member

TYLER MCRAE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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