*13000077423

(Requestor's Name)
(10411000)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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13 JUN 12 PM 2: 29
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

K. SALY EXAMINER JUL 1 5 2013

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	Name of Limit	Really 64C ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subr	mitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
_	Carol F	Sige/ow Name of Person	
-		ida Realty LLC Firm/Company	
-	2727 N.	Atlantic Ave	Ste 102
-	Dayton a Carol 6 E-mail address: (to	City/State and Zip Code 15T FLOY (darea) be used for future annual report notificati	2118 4y.com
For further information conce			•
David A. I. Name of Per	Byrne	at (386) 566 - 4 Area Code & Daytime Te	lephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	1\$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

JUNIA	LED PH 2: 20
TALLAHASSEE	OF STATE. FLORIDA

13 FLORIDA	KEALTY LLC	our records.)
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on of Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on 5-29	2-2013 and assigned
Florida document number <u>L/3000077423</u>	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	*	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or reging registered agent and/or the new registered office address.	stered office address on our red <u>dress here</u> :	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Fl.	orida street address
	Linter I is	
 -	City	, Florida 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 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 Title <u>Name</u> **Address Type of Action** MGRM Mark J. Bigelow 763 Raverside Dr. Add Ormond Beach FL 32176 Remove MGRM Michael F. Byrne 87 Abacus Ave Add Ormond Beach FL 32174 Remove MGRM David A. Byrne 31 Manderley Ln. Add Ormand Beach FL 32174 Remove Remove Remove

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ated	July 9, 2013.
	Dorole Vyn One
	Signature of A member or authorized representative of a member
	Dorothy Lynn Byne Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00