

L13006093480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

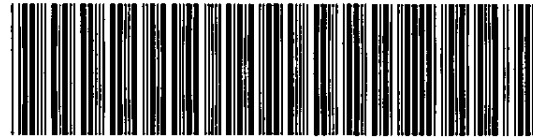
(Business Entity Name)

(Document Number)

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AUG 22 2014  
D. BRUCE

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Florida Asset Strategies, 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:

**Rosanna Meyer**

Name of Person

**Florida Asset Strategies, LLC**

Firm/Company

**3209 North Ocean Boulevard**

Address

**Fort Lauderdale, Florida 33308**

City/State and Zip Code

**rosannameyer@gmail.com**

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

For further information concerning this matter, please call:

**Rosanna Meyer**

Name of Person

at **954 224-4904**

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Rosanna Meyer  
3209 N. Ocean Blvd.  
Fort Lauderdale, FL 33308  
August 21, 2014

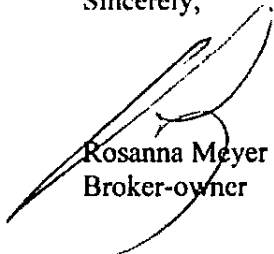
Florida Dept. of State Division of Corporations

P. O. Box 6327  
Tallahassee, FL, 32314

Dear Deborah Bruce:

Rosanna Meyer hereby informs that I am dissolving Meyer Realty & Associates, LLC  
and have no intention on activating it in the future.

Sincerely,



Rosanna Meyer  
Broker-owner

**FILED**  
2014 AUG 21 AM 11:22  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE

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

Florida Asset Strategies, 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 July 01, 2013 and assigned  
Florida document number L13000093480.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Meyer Realty & Associates, LLC

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)

3209 North Ocean Boulevard

Fort Lauderdale, Florida 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3209 North Ocean Boulevard

Fort Lauderdale, Florida 33308

**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:

Rosanna Meyer

New Registered Office Address:

3209 North Ocean Boulevard

Enter Florida street address

Fort Lauderdale

City

Florida 33308

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

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STATE OF FLORIDA

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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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TALLAHASSEE FLORIDA

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

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**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

AUG 18 /

2014

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Rosanna Meyer

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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