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SECRETARY OF STATE ALLAHASSEE FLORIDA

4AY 1.2 2016 J. HARRAIS

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|--|--|
| SUBJECT: | Palty LL C Name of Limi | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are subr | mitted for filing. | |
| Please return all correspo | ndence concerning this matter t | to the following: | |
| | Rock | Name of Person | jas |
| | 5 | calty, LLC Firm/Company | |
| | 6940WL:n | ebaugh Aue Sur Address | te101 |
| | | Pa, FL 3363 City/State and Zip Code | |
| | E-mail address: (t | Kya sealty. Co be used for future annual report notifi | om_ cation) |
| For further information co | oncerning this matter, please ca | di: | |
| Rocky (| E Villegas Person | at (\$\frac{513}{\text{Area Code}}\) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Telephone Number |
| Enclosed is a check for th | ne 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

| Sealty | LLC | |
|--|---|--|
| (Name of the Limited Liabil (A Florid | ity Company as it now appears on our la Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability of Florida document number <u>L/40000243</u> | , | 27/2014 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | • |
| The new name must be distinguishable and contain the words "Lir | mited Liability Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | RESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | Sym 0 |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
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| | | 8 5 3 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 |
| B. If amending the registered agent and/or regi registered agent and/or the new registered office add | stered office address on our i dress here: | records, enter the name of the new |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | | |
| · · · · · · · · · · · · · · · · · · · | Enter Florida stree | et address |
| | | , Florida |
| | City | Zip Code |
| Allower Drawer and Allower Allow Charles and the Charles and t | | |

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|--|---|
| CMO | Rocky E. Villegas | 6940 W Linebaugh Ave Suite | <u>[0]</u> □ Add |
| | • | | Remove |
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| o. If amending any other information, enter change(s) here: Please (emove me Roc | (Attach additional sheets, if necessary.) Ky E. Villegas Com the | 2 |
|--|---|---------|
| · Please remove me Roc Sealty, LLC registration Sunbizorg thank | on as shown on | |
| sunbizorg thank | you. | |
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| Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicat document's effective date on the Department of State's records. | ble statutory filing requirements, this date will not be listed | |
| the record specifies a delayed effective date, but not o) The 90th day after the record is filed. | an effective time, at 12:01 a.m. on the earlie | er of: |
| Dated May 4, 2016 | -· | |
| Signature of a member or author | rized representative of a member $\frac{200}{100}$ | |
| · | i name of signee San O | - CALTA |
| Page : | | J |
| Filing Fee | e: \$25.00 RAT 3 2 | |