

From: Amy Shiwnarain
3/1/2015

Fax: (407) 298-3900

To:

Fax: (850) 617-6383

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Division of Corporations

Florida Department of State
Division of Corporations
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EFFECTIVE DATE
3-12-2015

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : A.A.ALI, CPA
Account Number : I20000000192
Phone : (407)298-3900
Fax Number : (407)298-0660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STEVE CHARRAN, LLC

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2015 MAR 11 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDAEFFECTIVE DATE
3-12-2015ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OFSTEVE CHARRAN, LLC
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/21/2014 and assigned Florida document number L14000047848

This amendment is submitted to amend the following:

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

ALLIANCE REALTY 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)

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:

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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C. 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

D. Effective date, if other than the date of filing: 03/12/2015 (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)



Signature of a member or authorized representative of a member

STEVE CHARRAN

Typed or printed name of signee

03/11/2015

DATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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