LIY GOOD SLLIY

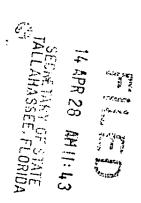
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900259247639

04/28/14--01010--003 **25.00



Tellinera HMA 05 SAM

COVER LETTER

TO: Registration Section 1 Division of Corporations
SUBJECT: Deen Realty Partners 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:
Curus A Polse ETT Name of Person
Ocean Realty Partner & LC Firm/Company
Z(5 Juniper Auc. Address
Mec, 9+ Filed. Fe 32953 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (371) 437 8455 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Status Solution Status Status Status Solution Status Statu

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

Olean	Realt.	1 Pecti	rea LLC			
(Name of the Limited L (A F	Liability Company Florida Limited Lia	as it now appear bility Company)	s on our records.)			
The Articles of Organization for this Limited Liabil		ere filed on	9-7-10	<u>[an</u>	d assig	gned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liabili	ty company he	re:			
The new name must be distinguishable and end with the word	ds "Limited Liabilit	ty Company," the	designation "LLC" or th	ne abbreviat	ion "L.l	L.C."
Enter new principal offices address, if applicable	e:					
(Principal office address MUST BE A STREET A	(IDDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.) B. If amending the registered agent and/or registered agent and/or the new registered office	registered offic	ce address on	our records, ent	er the na	ame o	f the new
				G _E		
Name of New Registered Agent:	<u> </u>			<u> </u>	17.	
New Registered Office Address:		Enter Flor	ida street address	AHA HEN	AP 2	The same of the sa
-	· · · · ·	City	, Florida	Tipe	æ ⊡de	ALIVADA ALI
New Registered Agent's Signature, if changing Regi	istered Agent:			17.11. 0.21.1		3.755
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	and complete por red agent as pro- ristered office a	erformance of ovided for in C	my duties, and I at Chapter 605, F.S. C	m familia Or, if this	r with docun	and nent is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u> Fitle</u>	<u>Name</u>	Address			Type of Action
NG12	Charles A Parls en III	215	Juniper	Ave	_ J⊉ (Add
	Cherles A Parls en III	Merits	Felm, Fr	37953	_ □ Remove
					□ Remove
		 			Remove
				ALLAHA	Add Sections Remove Section Remove S
				SSEE. FLORIDA	Add SECONDOVE Remove
					_ _□ Add
					_□ Remove

D.	If amendi	ing any othe	er informati	ion, enter c	hange(s)	here: (Attach additio	nal shee	ets, if ne	ecessar	y.)
		Pleur	<u> </u>	27	myse	18	Curke	А	Pad	ie-	W
		s bes	<u>_, </u>	"M	712 1	J.F	Chirles th	LL	<u>′</u> 1	40	
	(Kul les	tile	pripos	<u> </u>				,	7	
				·		1	honk	<u> </u>	, ,	/ >	
E.		date, if other				t or filed o	date and cannot b	e more th	(op an 90 day	otional) ys after)
E.	the date this		iled by the Flor	rida Departme		t or filed o	date and cannot t	e more th	(op an 90 day	otional) ys after	<u> </u>
E.	the date this	s document is f	iled by the Flo	rida Departme	ent of State)	<u> </u>	date and cannot be			otional) ys after	
E.	the date this	s document is f	iled by the Flo	rida Departme	member or	authorize		of a mem	iber	otional) ys afler	<u></u>

Page 3 of 3

Filing Fee: \$25.00

14 APR 28 AH II: 43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA