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SPECETARY OF STATE

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## **COVER LETTER**

SUBJECT:	Florida Prer	mium Realty, LLC			
SOBJECT.		Name of Lim	ited Liability Company	-	
		Amendment and fee(s) are sub	-		
		Arthur Simpson			
		11	Name of Person		
		Simpson & Associates			
			Firm/Company		
		115 Ormond Parkway			
			Address		
		Ormond Beach, FL 32176			
		<del></del>	City/State and Zip Code		<del></del>
		simp70@gmail.com			
			to be used for future annual re	port notification)	
For further in	formation co	oncerning this matter, please co	all:		
Arthur Simps	son		407 314-		
<del></del>	Name of	Person	Area Code	Daytime Telephone Nu	ımber
Enclosed is a	check for the	e following amount:			
■ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Cert sed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
	MAILI	NC ADDRESS.	Calab to total	CORDIED A BINDE	ıe.

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

2017 JUL 14 AM 11: 54

MALLAHASSEE, FLORIS

Florida Premium Realty, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)	C. FLORID,	
The Articles of Organization for this Limited Liability Company	were filed on <u>6/20/2014</u>	and assigned	
Plorida document number L14000099207			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
SIMPSONANDASSOCIATESREALESTATE.COM, LLC			
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	115 Ormond Parkway		
Principal office address MUST BE A STREET ADDRESS)	Ormond Beach, FL 32176		
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		, enter the name of the	
egistered agent analysis the new registered office address her	<u>c</u> .		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flo	orida Zip Code	

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: FILED 2017 JUL 14 AM11: 54 MGR = · Manager AMBR = Authorized Member <u>Title</u> Name **Type of Action** <u>Address</u> \_□ Add ☐ Remove \_□ Change \_□ Add \_\_\_ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add □ Remove

☐ Change

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ocument's effective date on the Department of Sta	te`s records.
a record enecifies a delayed effective da	te, but not an effective time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	te, but not an enective time, at 12.01 a.m. on the earner o
July 5	2017
//	
Signature	inber or authorized representative of a member
7	<del>-</del>
Arthur Simpson	yped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00