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COVER LETTER

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CHIDIL	· · · · · · · · · · · · · · · · · · ·	realestate.com, LLC		
SUBJI	.cr:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Arthur Simpson		
			Name of Person	
		Florida Pros		
			Firm/Company	
		240 South Atlantic Ave		
			Address	
		Ormond Beach, FL 32176		
		asimpson@floridapros.com	City/State and Zip Code	
		E-mail address. (t	to be used for future annual report notif	lication)
For fur	ther information c	oncerning this matter, please ca	ill:	
Arthur	Simpson		386 301-4483	
	Name o	f Petson	at () Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2:	5.00 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

Floridaprosrealestate.com, LLC		
(<u>Name of the Limited Li</u> (A F)	ability Company as it now appears on ou orida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabili Florida document number	4 and assigned	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicables	:	
(Principal office address MUST BE A STREET AL	DDRESS)	8 488
	 -	
Enter new mailing address, if applicable:		79 20 C
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office and Name of New Registered Agent: New Registered Office Address:		
_		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my di ed agent as provided for in Chapte stered office address, I hereby con	ties, and I am familiar with and r 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	John Henthern	H04 CITRUS OAKS RUN	_□ Add
		WINTER SPRINGS, FL 32708	■ Remove
			□ Change
MGR	Arthur Simpson	115 Ormond Parkway	
		Ormond Beach, FL 32176	□ Remove
			■ Change
			Remove
			☐ Change
			
			☐ Remove
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			Add
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ffective date, if other th	an the date of fil	()6/(/ 9/20)	18		(optional)	
an effective date is listed, the clote: If the date inserted in	ate must be specific	and cannot be pri	or to date of filing	or more than 90	days after filing.) Pursuant to 605.0
ocument's effective date or	the Department (of State's record	ls.	ming require	nents, this date	WIII HOU DE TISTEC
e record specifies a de The 90th day after th			ot an effect	ive time, at	12:01 a.m.	on the earlier
06/09		2018				
Dated			·			
		<u> </u>				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00