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DEGRETATI OF STATE TALLAHASSEE, FLORIDA

THE I PM I:

AUG - 5 2014 T. BROWN

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Ann Thompson & Associates 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:
Ann R. Thompson Name of Person
Ann Thompson & Associates LLC
1475 Tanpa Par K Plaza Ste 'D'
lampa FL 33605 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ann R. Thompson at (813) 857-1560 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{\$Certified Copy (additional copy is enclosed)}\$\$\$ 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

ARTICL	ES OF ORGANIZATION
`,	OF
Hompson (Name of the Limited L	OF Sociates Licandility Company as it now appears on our records. Orida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ty Company were filed on July 28, 2014 and assigned
Florida document number <u>L 14000 118444</u>	7
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
	ciates Realty LLC 5"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
, and the second	1
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET A	DDRESS)
Factor 14 16 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	. /^
Enter new mailing address, if applicable:	<u>N //+</u>
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or r	registered office address on our records, enter the name of the new
registered agent and/or the new registered office	
	1
Name of New Registered Agent:	N/A
New Registered Office Address:	N/A
	Enter Florida street address
·	, Florida
_	City Zip Code
New Registered Agent's Signature, if changing Regis	tered 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR =	Manager	
AMBR =	: Authorized Member	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
NA	·	MA	Add
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Page 3 of 3

Filing Fee: \$25.00