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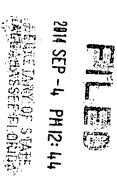
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SEP 10 2014 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florence Realty, 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:
Mah boobeh Sher Kat Name of Person
Florence Realty/LLC.
4125 mittglen Ln. Cary NC 27518 Address
Cony NC 27518 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mame of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status (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

Florence Leasty, 1	LLC.	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	ny as It now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company w	were filed on Aug 6, 2014 and assigned	
Florida document number <u>L14000 123330</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ility company here:	
The new name must be distinguishable and end with the words "Limited Liabili	ility Company "the designation "LLC" or the abbreviation "LLC"	
	() A	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	0 0 0	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	fice address on our records, enter the name of the new	
registered agent and/or the new registered office address here:		,
Name of New Registered Agent:	- MA	f :
New Registered Office Address:	Enter Florida street address	,
	Enter Florida street address	Ì
	City Zin Code	
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

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>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Name** 300 charbridge Dr-Remove Add Remove Add Remove Add Add Remove

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Page 3 of 3

Filing Fee: \$25.00

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