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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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B. BOSTICK

OCT - 8 2014

EXAMINER

· · · · · · · · · · · · · · · · · · ·		COVER LETTER			
TO: Registration So			a "Ar.		
SUBJECT:	Wayfave P Name of Lim	ealty LLC ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jon	Hoffman Name of Person			
		Firm/Company	,		
	2050	Coral Way #	303		
	<u>Mian</u>	City/State and Zip Code	j TALL	MIN OCT	
	E-mail address: (to be used for future annual report noti	fication)	DCT - I	
For further information of	concerning this matter, please c	all:	<u>اب ٔ</u> سا	U R	C
Jon Name o	Hoffman of Person	at (305) Solution	6 Telephone Number	12: 0 2	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Description Certificate of Certified Cope (additional copy)	Status &	

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

	^	
N ay tare	Realty LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
	61 A210/14	and assigned
The Articles of Organization for this Limited Liability Company	were filed on	_ and assigned
Florida document number <u>L 14000 133 602</u> .	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abb	revizion "L.L.C."
Enter new principal offices address, if applicable:	- Kr	
(Principal office address MUST BE A STREET ADDRESS)	SAN (SAN)	1
	OM	
	0.12 C. 23	₩ O
Enter new mailing address, if applicable:	<u> </u>	0
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e name of the nev
registered agent and/or the new registered office address here	•	
Name of New Registered Agent:		
Tunio of Now Adapticion Tigorit.		
New Registered Office Address:	Enter Florida street address	
	Differ a forthur street address	
	, Florida	Zip Code
	C.,,	

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert J Althuis		Add
			□ Remove
			
			Remove
			
		TALLA	Add Add Remove
		TAR	1
		F. FLORIDA	U U D
			Remove
			_
			□ Add
			Remove
			_
			□ Add
			Remove

ır an	nending any other informati :			
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	•			
Effect (The e	ctive date, if other than the offective date must be specific, canno late this document is filed by the Flor	date of filing: t be prior to date of receipt or filed rida Department of State)	date and cannot be more than	(optional) 90 days after
the d	late this document is filed by the Flor	rida Department of State)	date and cannot be more than	_ (optional) 90 days after
the d	ctive date, if other than the confective date must be specific, cannolate this document is filed by the Florad	rida Department of State)		
the d	late this document is filed by the Flor	rida Department of State)	date and cannot be more than	

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Filing Fee: \$25.00

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