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WAR O 6 2015

* COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	HAMLIN	REALTY GROUP, LLC	;			
SUBJECT.		Name of Lim	ited Liability Company			
The enclosed	d Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		LAURA GOLEMBUS	SKI			
			Name of Person		•	
			Firm/Company			
		625 WALTHAM AVE				
			Address		•	
		ORLANDO, FL 3280	09			
			City/State and Zip Code			
		LAURA@LILLIANGR				
For further in	nformation co	E-mail address: (i	to be used for future annual report noti	fication)	Nay	3150
LAURA G	SOLEMBU	SKI	407 855-1136	i	SYRY 37.33 7.833) yanzane
Enclosed is a	Name of	Person the following amount:	Area Code Daytim	e Telephone Number	Y CF STATE	
■ \$25.00 F		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ing Fee, te of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

HAMLIN REALTY GROUP, LLC		
(<u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Company)	w appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number L1400014121	d on SEPT. 15, 2014	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	oany here:	
The new name must be distinguishable and end with the words "Limited Liability Compa	any," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	Ba	200
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		00 mana
	Si T	+ '
		2 11
B. If amending the registered agent and/or registered office addr	ress on our records, enter-the	name of the nev
registered agent and/or the new registered office address here:	Co. pri	£2
	₩.	10
Name of New Registered Agent:		
New Registered Office Address:		
E	nter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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>	Address	Type of Action
MGR	L.E.WHITE, ATTUIA LT#1	625 WALTHAM AVE	□ Add
	12./30/8	2_ ORLANDO, FL 32809	■ Remove
MGR	LE.WHITE, A/TWA LTH2 12/30/82	625 WALTHAM AVE	
	12/30/82	ORLANDO, FL 32809	Remove
			Remove
,			Remove Remove Remove Remove
			Remove.
			☐ Remove
			Add ☐ Remove
			La Remove

	mation, enter change(s) here: (Attach additional sheets, if necessary.)
· This is a c	correction to the original
filing.	
(The effective date must be specific, c the date this document is filed by the	he date of filing: (optional) annot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State)
(The effective date must be specific, c the date this document is filed by the Dated FEB. 19	annot be prior to date of receipt or filed date and cannot be more than 90 days after e Florida Department of State)
the date this document is filed by the	Provide Department of State) 2015
the date this document is filed by the	Signature of a member or authorized representative of a member

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