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| Special Instructions to Filing Offic | cer: | |
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COVER LETTER

| Division of Corp | | | |
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| SUBJECT: <u>ど</u> ぬい | ETYPRO.LL | - | |
| | Name of Limi | ted Liability Company | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are subr | mitted for filing. | |
| Please return all correspon | dence concerning this matter t | to the following: | |
| : | | , | |
| | BENJANIA | V YONGE | - III - I - I - I - I - I - I - I - I - |
| | | Name of Person | |
| | EQUITYP | Firm/Company | |
| | | | |
| | 2466 SA | Address | |
| | | | |
| | OPLAND = | > FL 32809 | |
| | 1 | City/State and Zip Code | |
| | E-mail address: (t | City/State and Zip Code Lity first.net to be used for future annual report notif | ication) |
| For further information co | ncerning this matter, please ca | | |
| o | . 1/ .ce | ./. 5 . 52 | 226.2 |
| DENJAUTA Name of | Person Person | at (407) 230 Area Code Daytime | Telephone Number |
| • | | | |
| Enclosed is a check for the | e 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 Fee, Certificate of Status & Certified Copy (additional copy is englosed) |
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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

14 DEC -8 AM 9: 48



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EQUITYPRO, LL | .c |
|--|--|
| (Name of the Limited Liab (A Flor | ility Company as it now appears on our records.) ida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Florida document number <u>L14000147</u> /\$ | Company were filed on $\frac{9/18/2-14}{4}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the li | mited liability company here: |
| The new name must be distinguishable and end with the words " | Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADI | ORESS) |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | <u> </u> |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office ac | gistered office address on our records, <u>enter the name of the new ldress here</u> : |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City Zip 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

| AMBR = A | Authorized Member | | | |
|--------------|-------------------------|---------------------------------------|--------------------------|----------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | <u>n</u> |
| <u>1612</u> | EQUITY FIRST REALTY LIC | 2466 SONG LAKE RD OPLANDO FL 32809 | □ Add | |
| MGR_ | BENJAMIN YONGE | 2466 SAND LAKE LD ORLANDO FL 32809 | Add ☐ Remove | |
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| D.¹ If amend | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) | _ | | |
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| <u></u> | | | | |
| | | _ | | |
| E. Effective (The effection the date the dated | date, if other than the date of filing: | | | |
| | Signature of a member or authorized representative of a member BENJOUTH YON EE Typed or printed name of signee | | | |
| | Typed or printed name of signee | Section Control | 14 DEC -8 &H | |

Page 3 of 3

Filing Fee: \$25.00