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| (Re                     | equestor's Name)   |      |
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| (Ad                     | ldress)            | ···  |
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| (Cit                    | ty/State/Zip/Phone | e #) |
| PICK-UP                 | ☐ WAIT             | MAIL |
| (Bu                     | siness Entity Nan  | ne)  |
| (Do                     | ocument Number)    |      |
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CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

ACCOUNT NO. : I2000000195 REFERENCE : 384800 8021705 AUTHORIZATION COST LIMIT ORDER DATE: November 19, 2014 ORDER TIME : 10:16 AM ORDER NO. : 384800-005 CUSTOMER NO: 8021705 DOMESTIC AMENDMENT FILING NAME: REM REAL ESTATE AND MANAGEMENT, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY

## **COVER LETTER**

| TO:      |                | ion Section<br>of Corporations  |             |
|----------|----------------|---|-------------|
| SUBJE    | REM            | I REAL ESTATE AND MANAGEMENT,LLC  |             |
| SUDJE    | .cr:           | Name of Limited Liability Company   |             |
| The end  | closed Article | les of Amendment and fee(s) are submitted for filing.   |             |
| Please   | return all con | rrespondence concerning this matter to the following:   |             |
|          |                | R Khleif  |             |
|          |                | Name of Person  |             |
|          |                | REM REAL ESTATE AND MANAGEMENT, LLC   |             |
|          |                | Firm/Company  |             |
|          |                | 5632 BEE RIDGE ROAD, SUITE 200  |             |
|          |                | Address   |             |
|          |                | SARASOTA, FL 34233  |             |
|          |                | City/State and Zip Code   |             |
|          |                | RKHLEIF@GMAIL.COM  E-mail address: (to be used for future annual report notification)   |             |
| For furt | ther informat  | tion concerning this matter, please call:   |             |
| R Khl    | leif           | 941 961-2919  |             |
|          | Na             | at ()  [ame of Person Area Code Daytime Telephone Number  |             |
| Enclose  | ed is a check  | for the following amount:   |             |
| □ \$25   | 5.00 Filing Fe | Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing  Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | of 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

2014 NOV 20 AM 10: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## REM REAL ESTATE AND MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability (  | Company were filed on _  | 11/13/2014                                    | and assigned                                  |
|--|--|---|---|
| Florida document number L14000176171   |  |   |   |
| This amendment is submitted to amend the following:  |  |   |   |
| A. If amending name, enter the new name of the lim   | ited liability company   | <u>here</u> :                                 |   |
|  |  |   |   |
| The new name must be distinguishable and end with the words "Li  | imited Liability Company," th  | ne designation "LLC" or the                   | e abbreviation "L.L.C."                       |
| Enter new principal offices address, if applicable:  |  |   |   |
| (Principal office address MUST BE A STREET ADD   | RESS)  | · · · · · · · · · · · · · · · · · · ·         | ·····   |
|  | <del></del>  |   |   |
|  |  |   |   |
| Enter new mailing address, if applicable:  | <u> </u>   | ·   |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |   |   |
|  |  |   |   |
| B. If amending the registered agent and/or registered agent and/or the new registered office add   |  | on our records, <u>ente</u>                   | er the name of the new                        |
| Name of New Registered Agent:  |  |   |   |
| New Registered Office Address:   |  |   |   |
| New Registered Office Address.   | Enter Fl   | orida street address                          |   |
|  |  | , Florida _                                   |   |
|  | City   |   | Zip Code                                      |
| New Registered Agent's Signature, if changing Registere  | d Agent:   |   |   |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change. | complete performance o<br>gent as provided for in<br>ed office address, I here | of my duties, and I an<br>Chapter 605, F.S. O | n familiar with and<br>r, if this document is |
|  | If Changing Registered   | Agent, Signature of New                       | Registered Agent                              |

Page 1 of 3

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> | Name     | Address                               | Type of Action |
|--------------|----------|---------------------------------------|----------------|
| AMBR         | R Khelif | 5632 Bee Ridge Road Suite 200         | □ Add          |
|              |          | Sarasota, FL 34233                    | ■ Remove       |
| AMBR         | M Khelif | 5632 Bee Ridge Road Suite 200         |                |
|              |          | Sarasota, FL 34233                    | ■ Remove       |
| AMBR         | R Khleif | 5632 Bee Ridge Road Suite 200         | ■ Add          |
|              |          | Sarasota, FL 34233                    | ☐ Remove       |
| AMBR         | M Khleif | 5632 Bee Ridge Road Suite 200         | ■ Add          |
|              |          | Sarasota, FL 34233                    | □ Remove       |
|              |          |                                       |                |
|              |          |                                       | 2014 NOV 20 AM |
|              |          |                                       | FEE. FLORES    |
|              |          | · · · · · · · · · · · · · · · · · · · | Remove         |

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|  |
| (optional)<br>led date and cannot be more than 90 days after |
| ed date and cannot be more man 90 days after                 |
| <u> </u>   |
|  |
| rized representative of a member                             |
|  |
| -  |

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Filing Fee: \$25.00

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