

L14000176171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

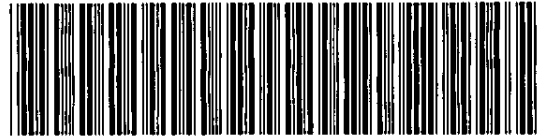
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
NOV 21 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 384800 8021705
AUTHORIZATION : [Signature]
COST LIMIT : \$ 25.00

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
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REM REAL ESTATE AND MANAGEMENT,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:

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 further information concerning this matter, please call:

R Khleif

Name of Person

941 961-2919

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

REM REAL ESTATE AND MANAGEMENT, LLC

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

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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 limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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:

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	R Khelif	5632 Bee Ridge Road Suite 200	<input type="checkbox"/> Add
		Sarasota, FL 34233	<input checked="" type="checkbox"/> Remove
AMBR	M Khelif	5632 Bee Ridge Road Suite 200	<input type="checkbox"/> Add
		Sarasota, FL 34233	<input checked="" type="checkbox"/> Remove
AMBR	R Khleif	5632 Bee Ridge Road Suite 200	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34233	<input type="checkbox"/> Remove
AMBR	M Khleif	5632 Bee Ridge Road Suite 200	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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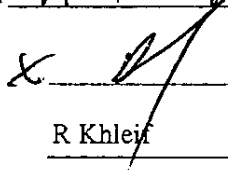
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11-19-14

x 

Signature of a member or authorized representative of a member

R Khleif

R KHLEIF

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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