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## **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJ	ECT:		SIREET REACT	4, LC.	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Dord	hee Bohter Name of Person	-	
		db Floria	R Properties,	UC	
		4301 SE	LS+ Avenue Address		
			City/State and Zip Code  Ochtet o smail to be used for future analyal report notifi		2115 FEB - 6
ъ. с				ication)	The R
Portui	prothee	oncerning this matter, please ca Souter f Person	at (239) 851	Telephone Number	PH 3: 49 SEE FLORIDA
Enclos	sed is a check for th	ne following amount:			
<b>×</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	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

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	SACKSIKE	IEI REMEN			
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	( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear a Limited Liability Company)	rs on our records.)		
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 "LLC."  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			01/06/20	<u>√</u> and assig	gned
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	This amendment is submitted to amend the following:				
(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	A. If amending name, enter the new name of the lim	<u>iited liability company he</u>	ere:		
(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	The new name must be distinguishable and end with the words "Le	imited Liability Company," the	designation "LLC" or the	abbreviation "L.I	L.C."
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	Enter new principal offices address, if applicable:	·			<del></del>
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 registered agent and/or the new registered office address here:	(Principal office address MUST BE A STREET ADD	RESS)			<del></del>
	-				
Name of New Registered Agent:	registered agent and/or the new registered office add		our records, enter	the name of	f the nev
New Registered Office Address:	New Registered Office Address:			FEB AHA	
Enter Florida street address Florida		Enter Flor		-6 PI	
City Code The Code		•		Zip Code	Services of the services of th
New Registered Agent's Signature, if changing Registered Agent:	New Registered Agent's Signature, if changing Registere	ed Agent:		€ <b>9</b>	

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

MGR = Ma $AMBR = Au$	nnager thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Dorothee Bohrer	Dorothee Bohrer	Add
		4301 SE IST AVENUE	□ Remove
		Cape Coral, FL 3390	04
			□ Remove
***************************************		<u> </u>	Add
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