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TALL AREASSES FLURIDA

J. SINDOSCA MAR 0 5 2015

## **COVER LETTER**

	Registration Se Division of Cor			
oun iro	Valerie J	ohnson Realty LLC		
SUBJEC	1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Valerie Johnson		
			Name of Person	
			Firm/Company	
		450 Treasure Island	Causeway #302	
			Address	the second second
		Treasure Island, Flo	rida 33706	
		valorioifla@amail.com	City/State and Zip Code	
		valeriejfla@gmail.cor E-mail address: (i	to be used for future annual report notific	ation)
For furthe	er information c	oncerning this matter, please ca	all:	
Valerie	Johnson		727 692-4418	
	Name o	f Person	at () Area Code Daytime 1	Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	O 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 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

Valerie Johnson Realty LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company vision of Company vi		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Valerie Johnson LLC		
The new name must be distinguishable and end with the words "Limited Liabi	lity 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)		
	<u> </u>	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		5 5
	Enter Florida street address	FEB 2
	, Florida	Zep Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Oi	familians ith and it is document is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			<del></del>
·			□ Add
			☐ Remove
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			☐ Remove
			□ Add
			☐ Remove
		4, 40, 41, 41, 41, 41, 41, 41, 41, 41, 41, 41	
			□ Add
			Remove
			□ Add
			☐ Remove

	** ** ** ** ** ** ** ** ** ** ** ** **
ctive date, if other than the date of filing: _	(optional)
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Filing Fee: \$25.00

