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K SALY EXAMINER APR 28 2015

COVER LETTER

	istration Secti sion of Corpo			
	RESOLEA	SE, LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed	Articles of Ar	nendment and fee(s) are subm	nitted for filing.	
Please return	all correspond	ence concerning this matter to	o the following:	
		Leighton J Hyde		
			Name of Person	. <u></u>
		The Law Office of Le	ighton J. Hyde, P.A.	
			Firm/Company	
		4100 W. Kennedy Blv	vd. #213	
			Address	
		Tampa, FL 33609		
			City/State and Zip Code	
		Ihyde@hydelawoffice.	com be used for future annual report notifi	untion)
For further in	formation con	cerning this matter, please cal	-	cation
Leighton .			813 870-9555 Area Code Daytime	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	iling 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

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RESOLEASE, LLC

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

(A	Florida Elimited Elability Company)	LORIGIA
The Articles of Organization for this Limited Liabi	ility Company were filed on February 17, 20	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	~~
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	2X)	
B. If amending the registered agent and/or registered agent and/or the new registered offic		nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	, Florid	a Zip Code
	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	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Angel Miller	3007 Spring Hammock Drive	
		Plant City, FL 33566	■ Remove
AMBR	Angela Miller	3007 Spring Hammock Drive	I Add
		Plant City, FL 33566	Remove
			
			Remove
			SE Adds
			TO Remove
			🗖 Add
			□ Remove
			□ Remove

			· - -
			
			<u></u>
			
he effective date must be	er than the date of filing: specific, cannot be prior to date of rec	eipt or filed date and cann	(optional) ot be more than 90 days after
The effective date must be the date this document is the date this document is the date that the date that the date that the date are the date and the date are t	er than the date of filing: specific, cannot be prior to date of reciled by the Florida Department of Sta	eipt or filed date and cann te)	(optional) ot be more than 90 days after
The effective date must be the date this document is the	specific, cannot be prior to date of reciled by the Florida Department of Sta	eipt or filed date and cann te)	(optional) ot be more than 90 days after

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Filing Fee: \$25.00