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COVER LETTER

Division of Cor	porations				
SUBJECT: CM	OF FLORIDA	LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
·	•	•			
	<u>CHARLES</u>	TOKARZ Name of Person			
•		Name of Person			
	OM AF FLA	NRIDA II.C			
	<u> </u>	PRIDA LLC Firm/Company			
	1651 WHI	TFIELD AVE			
		Address			
	SARA SOTA	9 FL 34243			
	<u> </u>	7 FL 34243 City/State and Zip Code		3 5 3 1	
				2016 MAY 2 Seografi Alleahas	-
	E-mail address: (to be used for future annual report notifie	cation)	表 表	CO LEAGUE
For further information co	oncerning this matter, please ca	all:		- 20 2 →	1
			~	ms R	
_ CHARLES	TOKARZ	at (<u>941)</u> 302 Area Code Daytime	-3026	PH 1:14	Comments of
Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy		of Status &	
		(additional copy is enclosed)	Certified C (additional co	Copy opy is enclosed)	

MAILING ADDRESS:

Registration Section

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**

CM OF FLORIC (Name of the Limited Liability (A Florida Li	DA LLC Company as it now appea	ars on our records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on _	4/14/2015	and assigned
Florida document number <u>L1500065634</u>	,-		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company h	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited	d Liability Company " the	decianation "I I C" or the ab	braviation "I I C"
The new name must be distinguishable and contain the words. Entitled	d Liability Company, the	designation LEC of the an	breviation E.E.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			Control N presented
			mci -
			<u> </u>
B. If amending the registered agent and/or register	red office address o	n our records, enter	the name of the new
registered agent and/or the new registered office addres	ss here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
	City	, Florida	Zip Code
Now Devictored Agently Company of shounds Devict and	•		zip Code
New Registered Agent's Signature, if changing Registered A			
I hereby accept the appointment as registered agent and			

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LAND EXPERTS INC	1651 WHIT FIELD AVE	- □ Add
		SARASOTA, FL 34243	Remove
			Change
MGRM	MEDALLION HOMES GULF COAST INC	1651 WHITFIELD AVE	▲Add
	GULF COAST THE	SARASOTA FL 3424	Remove
			☐ Change
			A Remove
			Change F
			EPAdd P
			Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			Remove

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		AY 2
		
Effectiv	e date, if other than the date of filing: (opt	- 1" er
Note: It	te date, if other than the date of filing:	er filing.) Pursuant to 605.020 nis date will wor be listed a
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 goth day after the record is filed.	a.m. on the earlier o
Dated _	· · · · · · · · · · · · · · · · · · ·	
	<i>A I</i>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00