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SECHETARY OF STATE TALLIAHASSEE, FLORIDA

SECRETARY OF STATE

JUN 22 2015

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COVER LETTER

TO: Registration Se Division of Cor		•	"	
Recon Rea	Estate Services LLC	· · · · · · · · · · · · · · · · · · ·		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Constance (Connie) M. Sis	ssons		
		Name of Person		
	Recon Real Estate Service	s LLC		
Firm/Company				
	11950 Pompano Avenue			
		Address	_	
	Cape Coral, FL 33991			
		City/State and Zip Code		
	cmsissons@gmail.com E-mail address: (to be used for future annual report noti	fication)	
For further information of	oncerning this matter, please ca	all:		
Connie Sissons		239 849-7683 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	_
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status &
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on FINAL CARE	SECRETARY OF STATE VISION OF CORPORATIONS 15 JUN 20 AM 8: 52

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Recon Real Estate Services LLC		
(Name of the Lim	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited	Liability Company were filed on May 21,2015	and assigned
Florida document number L15000090075	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	<u></u>
(Principal office address MUST BE A STRE	SET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent an registered agent and/or the new registered	d/or registered office address on our records, <u>e</u>	SECthe mame afthe no
		SSEC SSEC SSEC CO SSEC CO
Name of New Registered Agent:	Constance M. Sissons	POF AM ROFU
New Registered Office Address:		号台 5 <u>名</u> 名
	Enter Florida street address	→ → → → → → → → → →
	, Florid	la
	City	Lip Coue

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

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
•			Change
			Add
•			□ Remove
	· · · · · · · · · · · · · · · · · · ·	•	Add
			□ Remove
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			□ Add
			Remove
			☐ Change
			Add <u>B</u> ZS 3 SE
			FILED FILED STATE ISION OF CURPORATION OF CURPORATION 5. EM 20 AM 8252 5. EM 20 AM 8252 5. EM 20 AM 8252 6. COMPANDA SECRETARY OF STATE ALL AHASSEE. FLORIDA
			OF STATE OF STATE OF STATE Remove
			□ Remove

. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if neces	sary.)		
	. 1			
	•			
				
(If an effective Note: If the	date, if other than the date of filing:	iling.) Purs		
	d specifies a delayed effective date, but not an effective time, at 12:01 a. th day after the record is filed.	m. on t	5	r of:
Dated	June 17, 2015.	HETARY OF	UN 20 AM	RETARY OF S
	Signature of a member or authorized representative of a member	FLORIDA	$\widetilde{\mathcal{A}}$	₩
	Constance M. Sissons Typed or printed name of signee		72	•

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Filing Fee: \$25.00