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. (Re	equestor's Name)	
(Ad	ddress)	<u></u>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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MEGRENARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2018

MICHAEL TIERNEY 214 PALMETTO ST NEW SMYRNA BCH, FL 32168

SUBJECT: TIERNEY REAL ESTATE LLC

Ref. Number: L15000099903

We have received your document for TIERNEY REAL ESTATE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 718A00003462

RECEIVED
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COVER LETTER

	tion Section of Corporations		
Tiem	ney Real Estate, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The sector of Assis	de es 6 America de esta forca	1.C. CI:	
	eles of Amendment and fee(s) are sub	-	
Please return all co	orrespondence concerning this matter	to the following:	
	Michael Tierney		
		Name of Person	
	Tierney Real Estate, LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	214 Palmetto St		
	<u></u>	Address	
	New Smyrna Beach, FL 32	2168	
-	 	City/State and Zip Code	
	michael@tierneylaw.us		
For further information	r:-mail address: (ation concerning this matter, please or	to be used for future annual report not all:	inication)
Michael Tierney		407 740-0074	
1	Name of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a chec	k for the following amount:		
■ \$25.00 Filing l	Fee S30.00 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)
I I	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations Tenter Circle

ARTICLES ÓF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tierney Real Estate, LLC	24.11.11.11.4. C.	
(Name of the Lim	ited Liability Company as it now appes (A Florida Limited Liability Company)	irs on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{0}{2}$	6/08/2015 and assigned
Florida document number L15000099903	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company h	<u>ere</u> :
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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	3 A B
		经营工
Enter new mailing address, if applicable:		ASSET OF THE OFFI
(Mailing address MAY BE A POST OFFICE		Z E
		200 00
B. If amending the registered agent and		n our records, <u>enter the name of th</u>
registered agent and/or the new registered of	office address here:	
Name of New Registered Agent:	Willmal Title	NEY, ESA.
	214 Palmetto St	
New Registered Office Address:		orida street address
	New Smyrna Beach	, Florida 32168
	City	, FJOTICA 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

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> **Name Address Type of Action** □ Add □ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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If an ef Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	2-26. 18.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00