L15000162623

(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hamilton - Frankin Realty 11, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kasy Thompson Name of Person
Hamilton-Franklin Realty 11, LLC
Hamilton-Frankin Realty 11, LLC Firm/Company 944 Country Club Blvd # 209 Address
Cape Coral, Fl 33990 Kasey & Shore Inc Sunshine. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Fascy Thompson at (239), 258 7517 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

Hamilton - Franklin (Name of the Limited Liability C. (A Florida Lin	Realty 11	, LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears of mited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L15000142423</u> .	npany were filed on $\widehat{\mathcal{H}}$	4cm ber 24, 2015 and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here) • •	
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	gnation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
			···
Enter new mailing address, if applicable:	<u> </u>		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		our records, enter the name	e of the nev
			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	a street address	
	City	, Florida Zip Cod	'e
New Registered Agent's Signature, if changing Registered A	<u>sgent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of m nt as provided for in Ch office address, I hereby	y duties, and I am familiar w apter 605, F.S. Or, B ithis do	vith and cument is tity
•	ir Changing Registered Agei	95 ?	

Page 1 of 3

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 Title Title <u>Name</u> **Address Type of Action** Country Club Blvd XADD Thompson ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add Remove Remove 492.5 ☐ Change

famending any other information,	enter change(s) here: (Attach addition	al sheets, if necessary.)
• • • • • • • • • • • • • • • • • • • •		
		··· <u>-</u>
		·
		<u> </u>
ote: If the date inserted in this block do ocument's effective date on the Department	ecific and cannot be prior to date of filing or more bes not meet the applicable statutory filing re ment of State's records. ective date, but not an effective time	equirements, this date will not be listed a
ted UCTOPER 2	2015	
Warx	th	22
V	ture of a member or authorized representative of	HASSON -
Signat	ture of a member or authorized representative of OMPSON Typed or printed name of signee	a member ARE OCT

Filing Fee: \$25.00