# L15000172720

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:





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# **COVER LETTER**

TO:	Registration Division of C	Section Corporations	*	
		Properties Referral Group, LLC		•
SUBJI	ECT:	Name of Lin	nited Liability Company	
The en	closed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please	return all corre	spondence concerning this matter	to the following:	
		Karen Sue Levy		
		····	Name of Person	·
		<del></del>	Firm/Company	
		23245 Oak Prairie Circle		
			Address	
		Sorrento, FL 32776		
			City/State and Zip Code	
		karen.levy@coldwellbanke	er.com (to be used for future annual report notif	regtion
For fur	ther informatio	n concerning this matter, please c	·	<i>leanon</i>
Karen	Suc Levy		352 636-6579 at ( )	
	Nam	e of Person		e Telephone Number
Enclos	ed is a check fo	or the following amount:		
\$2.	5.00 Filing 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.

FILED

2015 NOV -5 AH 11: 32

" weeks

Camelot Properties Referral Group, LLC

SECRETARY OF STATE (Name of the Limited 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 10/09/2015 and assigned Florida document number  $\frac{L15000172720}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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 applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address:

### 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

Enter Florida street address

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
	Karen Sue Levy	23245 Oak Prairie Circle	<b>■</b> Add
		Sorrento, FL 32776	□ Remove
			☐ Change
President	Karen Sue Levy, PA	23245 Oak Prairie Circle	□ Add
		Sorrento, FL 32726	■ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			Add
			□ Remove
			□ Change

•	N/A
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	—————————————————————————————————————
(If an ei	tive date, if other than the date of filing:  [N/A]  [Goptional]  [Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 November 3 , 2015 .
	Signature of a member or authorized representative of a member
	Karen Sue Levy
	Typed or printed name of signee

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Filing Fee: \$25.00