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(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
	St. JOhn Frim IDh	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Occument Number)	
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Certified Copies	Certificates of	Status
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Special Instructions t	o Filing Oπicer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 14 2015 S. YOUNG

COVER LETTER

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	istration Sec ision of Corp				
SUBJECT.	WIND	ERMERE REALTY COMPA	NY, LLC		
SUBJECT:		Name of Lim	nited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Cheryl Simpson			
			Name of Person		
			Firm/Company		75 5
		9315 Dole Circle			FILED P. 2:53
			Address		麵二后
		Windermere, FL 34786			所第 B 口
		ah a-d@-aaaa ah adaa ada	City/State and Zip Code		97.
		cheryl@masonsbeckoncall. E-mail address: (com to be used for future annual report noti	fication)	
For further in	formation co	oncerning this matter, please c	•	·····,	
Kevin Smith			407 843-7300 at ()		
	Name of	Person	Area Code Daytime	e Telephone Number	
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

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

WINDERMERE REALTY COMPANY, LI	LC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on October 30, 2015 and assigned	ed
Florida document number L15000185128		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C.	17
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDR.	ESS)	1 = TI
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	22 55 55 53	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, <u>enter the name of tress here</u> :	the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, FloridaZip 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

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	,
AMRR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	R. Mason Simpson, Trustee of Revocable Trust	9315 Dole Circle	
		Windermere, FL 34786	Remove
			Change
			Add
			Remove
			Change
			Remove
			PH 2mgs
			Add
			□ Remove
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fective date, if other tha	n the date of fi	iling:			(optional)	
an effective date is listed, the date. ote: If the date inserted in t	te must be specific his block does n	and cannot be placed the apr	rior to date of filin	g or more than 90 day	ays after filing.) Pursunts this date will n	iant to 605.020
ocument's effective date on	the Department	of State's recor	rds.	,g	mo, mo date min n	or be fisted a
e record specifies a de The 90th day after the	ayed effective	e date, but	not an effect	ive time, at 12	2:01 a.m. on th	ne earlier o
The sould day after the	: record is like	eu.				
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Filing Fee: \$25.00