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(Req	juestor's Name)	
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(City	/State/Zip/Phone	e #)
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J. HARRIS

COVER LETTER

VOLUSIA	-FLAGLER REAL ESTATE S	SERVICES, LLC			
SCBJECT.	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:			
	Kimberly B Bell				
	Name of Person				
	VOLUSIA-FLAGLER RE	AL ESTATE SERVICES, LLC			
	Firm Company				
	124 N. Nova Rd Suite125				
	Address				
	Ormond beach FL 32174				
	Kimbell.fl@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	ication)		
for further information c	oncerning this matter, please ca	all:			
Kimberly B Bell	386 212-8686				
Name of Person		at () Area Code Daytime	Telephone Number		
inclosed is a check for the	ne 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

VOLUSIA-FLAGLER REAL ESTATE SERVICES, LLC

(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 Compar Florida document number L15000192984	ny were filed on 11/05/15	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7.0: 2
Enter new mailing address, if applicable:		(0.1.)
Mailing address MAY BE A POST OFFICE BOX)		
• • • • • • • • • • • • • • • • • • • •		
New Registered Office Address:		
	, F	lorida
New Registered Agent's Signature, if changing Registered Agen		r.g/ Cour
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: Name of New Registered Agent:		
H.C.	hanging Registered Agent Signature	of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Rebecca Lynne Cappelle Bell	82 Grey Dapple Way	≅ Add
		Ormond Beach FL32174	□ Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
			Remove 2
			☐ Remove
			☐ Change

ir amenoing any ou	ter information, car	ier change(s) here.	Attach additional sheets, i	į necessary.i	
					
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If an effective date is liste <u>Note:</u> If the date inse		fic and cannot be prior to conor meet the applicable	late of fiting or more than 90 day e statutory filing requirement		
	s a delayed effecti ter the record is fi		n effective time, at 12	:01 a.m. on the	earlier of
Dated July 17		2017			~ 3
42	/ / / /	-·		ALL)	inr 1182
-D	Messey 19 Signature	e of a member or authoriz	ed representative of a member	# <i>E</i>	
Kimberly l				Signal Si	— g
		Typed or printed r	ame of signee	<u> </u>	AH TO
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Page 3 of 3

Filing Fee: \$25.00