## L1600000 4360

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## **COVER LETTER**

	Registration Se Division of Cor						
CUDICO	Your Choic	ce Realty, LLC					
SUBJEC	1:	Name of Limi	ted Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are subr	mitted for filing.				
Please ret	urn all correspo	ondence concerning this matter t	to the following:				
		Kelly D. Toney					
			Name of Person				
Your Choice Realty, LLC  Firm/Company  907 NW 18th Street  Address	<del></del>						
		907 NW 18th Street					
			Address				
		Cape Coral, FL 33993					
			City/State and Zip Code				
		kelly@yourchoicehomewato					
		E-mail address: (t	o be used for future annual report notific	cation)			
For furthe	er information c	oncerning this matter, please ca	11:				
Kelly D.	Toney		239 872-3457 at ( )				
	Name o	f Person	at ()Area Code Daytime '	Telephone Number			
Enclosed	is a check for th	ne following amount:					
<b>\$2</b> 5.0	0 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

Your Choice Realty, LLC		
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on January 6, 2016 and assign	ned
Florida document number L16000004360		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C	<del></del>
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
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		1
Enter new mailing address, if applicable:	Service Control of the Control of th	
(Mailing address MAY BE A POST OFFICE BOX)	SSR 2	<u></u>
•	<u> </u>	•
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		the nev
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zin 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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