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COVER LETTER

Division of Co			
	ce Realty, LLC		
	Name of Limited Liability Com	npany	-
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	3.	
Please return all correspondent	ondence concerning this matter to the following	ζ:	
	Kelly Toney		
	Name of P	Person	_
	Your Choice Realty, LLC		
	Firm/Com	apany	-
	907 NW 18th Street		~લ
	Addres	SS	
	Cape Coral, FL 33993		
	City/State and Z	Zip Code	
	kelly@yourchoicehomewatch.com E-mail address: (to be used for futu	ure annual report notification)	-
For further information of	oncerning this matter, please call:	,	
Kelly Toney	239 at (_	0.20.0.	
Name o	f Person Area C		er
Enclosed is a check for t	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Fil Certificate of Status Certified (additional	d Copy Certific l copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal 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		
(<u>Name of the Limited Li</u> (A Fl	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on January 6, 2016 and assigned	İ
Florida document number		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
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 A	DDRESS)	.
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX	X	
	29 95: 29	ESEMBLE TO JOS
		y 1 1
B. If amending the registered agent and/or r	registered office address on our records, enter the name of the	<u>1e-new</u>
registered agent and/or the new registered office		*15-7"
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
-	City Zip 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael D. Vermillion	907 NW 18th Street	Add
		Cape Coral, FL 33993	☐ Remove
MGQ-			Change
MGR	Kelly D. Joney	907 NW 18+25+	
	1	907 NW 18+65+ Cape Coral, 7C 33993	<i>V</i> .
			Remove
			Change
			☐ Remove
			Change
			Add.
			29 Change
			27 Add
			Remove
			Change
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					CORIE	ं यं	(
ffective date, if other than the d	ate of filing:				(optional)	_	
an effective date is listed, the date must be tote: If the date inserted in this block becament's effective date on the Deportment of the perfective date on the perfective date of the	e specific and car k does not mee artment of Stat	nnot be prior to t the applicat e's records.	date of filing o	r more than 90 day iling requiremen	s after filing.) Purs ts, this date will	not be lis	ited a
The 90th day after the recor	d is filed.	,	arr arrader	a cimo, ac 12	TOL GIIII. OII C	ne cun	101 0
January 28		2016					
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