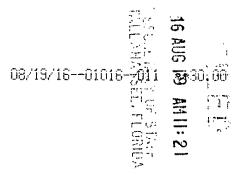
16000041483

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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	FLA Proper	ty Sales, LLC		
de De Lei		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Teresa Rea Kuhrts		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		FLA Property Sales, LLC		
	Firm/Company			
		515 9th Street E, Suite 202		
			Address	
		Bradenton, FL 34208		
			City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)			
For further	information c	e-mail address: (oncerning this matter, please c	-	neation)
Teresa Rea		oncerning and matter, prease of	941 448-0278	
Name of Person Area Code Daytime Telephon			e Telephone Number	
Enclosed is	a check for th	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
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

FLA PROPERTY SALES, LLC					
(Name of the Limited Lia (A Flo	bility Compa rida Limited	iny as It now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liability Florida document number L16000041483	y Company 	were filed on 2/22/2016	a	nd assig	ned
This amendment is submitted to amend the following	;				
A. If amending name, enter the new name of the l	imited liab	ility company here:			
		·			
The new name must be distinguishable and contain the words "l	Limited Liabi	lity Company," the designatio	"LLC" or the abbreviat	ion "L.L.	C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		515 9th Street E			<u> </u>
		Suite 202			
		Bradenton, FL 34208	1 mg		<u>.</u>
Enter new mailing address, if applicable:		515 9th Street E		AUG I	t sign
(Mailing address MAY BE A POST OFFICE BOX)		Suite 202	(2) -4 (2) -4	عب .	
		Bradenton, FL 34208		MH [1 1 1
B. If amending the registered agent and/or re registered agent and/or the new registered office a	•		ecords, enter the n	iame o	f the nev
Name of New Registered Agent:					
New Registered Office Address: 515	5 9th Street	E, Suite 202			
		Enter Florida street address			
Bra	adenton	······································	, Florida	<u> </u>	
Novy Decistared Agent's Cignotons if shanging Decistors		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, enter the title, name, and address of each person being added or removed from our records:

·

MGR = Mark	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Add
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Filing Fee: \$25.00