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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAR 1 4 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Odys	SSEG Real Es	state GOUP L-1	-, C -
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	<u>Ulysses</u>	Name of Person	TAL SE
		Firm/Company	6 H.R.
	2300 Es	Hey Ave.	SECRETARY OF FLOSIOA 16 HAR II PH 3: 53
	Naples, F	EL, 34104 City/State and Zip Code	
-	Kollecas E-mail address: (to	a gmail, com	tion)
For further information conc	erning this matter, please cal		
Ulysses Name of Pe	Kolecas	at (239) 450 - Area Code Daytime To	6565 Elephone Number
Enclosed is a check for the f	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	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

Issea Real Estate Group

(Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on Morch 2, 2	and assigned
Florida document number <u>L160004389</u>	99	
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	ted Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TO PO
(Principal office address MUST BE A STREET ADDR	ESS)	TA DA
Enternam melling address is small about		P
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		- 설 취
B. If amending the registered agent and/or registered agent and/or the new registered office addr		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Flori	daZin Code
	See p	ell come

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cotherine Figla	242 Pinehurst Cr. Naples, FL. 34113	
		NAPLOS, FL. 34113	Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove TALLAHAA
			Change SS
			TARY OF STATE ANSSEE, FLOSIDA Change PM 6: 53
			S SATE AND A Remove
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			Remove
			Change

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier
red march 7, 2016.	
Signature of a member or authorized represen	stativa of a manhar
Signature of a member or authorized represen	native of a member

Page 3 of 3

Filing Fee: \$25.00