

L16000062145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

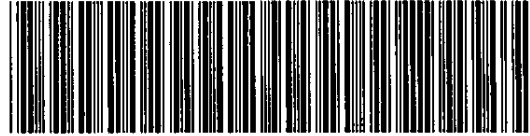
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 09 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WholesalInvestmenRealEstateLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CrystalSnyder

Name of Person

WholesalInvestmenRealEstate

Firm/Company

1832SW10thTer

Address

CapeCoral,FL 33991

City/State and Zip Code

csnyder4182@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CrystalSnyder

239 989-1521

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

WholesaleInvestmenRealEstateLLC

(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 Company were filed on 03/28/2016 and assigned
Florida document number L16000062145.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the 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 ADDRESS)

1832SW10thTer

CapeCoralFL 33991

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1832SW10thTer

CapeCoralFL 33991

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:

AdamRudlaff

New Registered Office Address:

1832SW10thTer

Enter Florida street address

CapeCoral

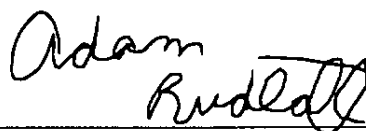
City

Florida 33991

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CrystalSnyder	1832 SW 10th Ter Cape Coral FL	<input checked="" type="checkbox"/> Add
		33991	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BrandonMitchell	1830 SW 10th Ter	<input type="checkbox"/> Add
		Cape Coral FL 33991	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PaulDeckard	1832 SW 10th Ter	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33991	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CrystalSnyder	1832 SW 10th Ter	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33991	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 AUG 8 PM 2:15
 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 11/19/01 BY 60322 UCBAW

16 AUG - 8 PM 2:16
MISSISSIPPI
MISSISSIPPI, FLORIDA

16 AUG -8 PM 2:16
HOLMES, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated August 6, 2016

Signature of a member or authorized representative of a member

CrystalSnyder

Typed or printed name of signee