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2016 AUG 22 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALT  
EXAMINER

AUG 24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LSI Realty & Management, LLC  
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:

Candace Easdale  
Name of Person  
LSI Realty Management, LLC  
Firm/Company  
5115 S. Decatur Blvd #200  
Address  
Las Vegas, NV 89118  
City/State and Zip Code  
Candace@lsilife.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Thighman at (702) 310-3700  
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**

LSI Realty & Management, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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2016 AUG 22 PM 12:17  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/19/16 and assigned  
Florida document number L14000074211.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A  
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)**

315 N. Hwy 79  
Panama City Beach, FL  
32413

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**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:

Candace Easdale

New Registered Office Address:

315 N Highway 79

Enter Florida street address

Panama City Beach, Florida 32413  
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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>                                   | <u>Type of Action</u>  |
|--------------|-----------------|--|--|
| MGR          | Candace Easdale | 5115 S. Decatur Blvd #200<br>Las Vegas, NV 89118 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input checked="" type="checkbox"/> Change Last Name |
|              |                 |  | <input type="checkbox"/> Add   |
|              |                 |  | <input type="checkbox"/> Remove  |
|              |                 |  | <input type="checkbox"/> Change  |
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|              |                 |  | <input type="checkbox"/> Change  |

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TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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2018 AUG 22 PM 12:18  
CLERK OF DISTRICT COURT  
TULSA, OKLA.

E. Effective date, if other than the date of filing: 8/15/2016 (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

**If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:**

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

Dated August 15<sup>th</sup>, 2016.

  
Signature of a member or a

Signature of a member or authorized representative of a member

Candace Fasdale

Typed or printed name of signee