# L16000011211

(Requestor's Name)	
(Requestors Marrie)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
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HYDRIGH STAIR
HYDRIGH STAIR

S. WARREN AUG 0 2 2017

## COVER LETTER

TO: Registration Section Division of Corporation	15		
SUBJECT:	SI Realty Name of Librite	+ Property May	nagement
The enclosed Articles of Amendn	nent and fee(s) are subm	sitted for filing.	
l Please return all correspondence of	concerning this matter to	o the following:	
·	Candac	e Easdale Name of Person	
	LSI Kealt	y & Property M. Firm/Company	anogement
51	15 S. Deca	tur Blvd# 200	
		Address  S, NV 89118  City/State and Zip Code.  Ce @ Silife. C	
	Canda	City/State and Zip Code Ce DISITIFE C	om
	E-mail address: (to	be used for future annual report notificati	on)
For further information concerning	g this matter, please cal	l:	
Jennifer T Name of Person	highman	at (702) 310 - 3	ephone Number
Enclosed is a check for the follow	ving amount:		
□ \$25.00 Filing Fee \$33	0.00 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

	1	& Manag		
	A Florida Limited L	iv as it now appears on clability Company)	,	
The Articles of Organization for this Limited Lia		were filed on	19/16	and assigned
Florida document number <u>L1600007</u>	1211			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo	rde "Limited Linhil	ity Company " the designs	ution "F1 ("" or the abb	previation "L.L.C."
Enter new principal offices address, if applica		· · · · · · · · · · · · · · · · · · ·	Front Be	
(Principal office address MUST BE A STREE)	ADDRESS)	Panama 1 32407	City Beac	h <sub>+</sub> FL
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	OX)			
		-		
B. If amending the registered agent and/o	er registered of	Tipe address on our	rocarde antar i	the name of the nor
registered agent and/or the new registered off			records, enter	ne name of the nev
Name of New Registered Agent:				
New Registered Office Address:	13318	Front Bea	Rd Rd	<del></del>
	Panen	na Cdy B	each	301194
	10000	City	C / T, Florida	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:	J		•
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this c	l agent and agre r and complete tered agent as p egistered office	performance of my o provided for in Chap	luties, and I am fo ter 605, F.S. Or, i	umiliar with and if this document is
	If Char	iging Registered Agent,	Signature of New Res	stered August

Page 1 of 3

BR = A	anager uthorized Member		
<u>e</u>	<u>Name</u>	<u>Address</u>	Type of Action
		<del></del>	
			□ Remove
		<del>/</del>	Change
		<del></del> / <del></del> /	
			Remove
	//		Change
	/		
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			Change
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
·	
, ;	
E. Effective date, if other than the date of filing:	
; 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 July 24th . 2017	
Signature of a member of authorized representative of a member  Candace Easdale  Typed or printed name of signee	
Typed or printed name of signee	
Page 3 of 3	

Filing Fee: \$25.00