## UL0000 98675

(F	Requestor's Name)	
- (/	Address)	
(/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
		İ

Office Use Only



400286272364

05/31/16--01014--011 \*\*25.00



## **COVER LETTER**

Division of	Corporations		<b>,</b>
SUBJECT:	Refined Realty	LLC imited Liability Company	
	Name of Li	imited Liability Company	
		`	
The enclosed Article	es of Amendment and fee(s) are su	ubmitted for filing.	
Please return all corr	respondence concerning this matter	er to the following:	
	Cho	Name of Person	
•	Ref	Firm/Company	(corrected name)
		ρ.ο. βοχ 5668 Address	
	S	city/State and Zip Code	7
		esknowles eme. Con to be used for future annual report notifi	
For further informati	ion concerning this matter, please	call:	
C Na	harles knowles me of Person	at ( 941 ) 349- Area Code Daytime	6406 Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	ee □ \$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)
М	AILING ADDRESS:	STREET/COURIE	CR ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Refined R	ealty LLC
(Name of the Limited Liab) (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on and assigned and assigned
Florida document number <u>L 16 0000 98875</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
Refine Rea	ity LLC
The new name must be distinguishable and contain the words "Li	mited 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 ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	istered office address on our records, enter the name of the new
registered agent and/or the new registered office ad	dress here:
Name of New Registered Agent:	5 6 <u>8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 </u>
New Registered Office Address:	See a se
	Enter Florida street address
	, Florida
	City Code
New Registered Agent's Signature, if changing Register	ed 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			☐ Change
			Remove
			☐ Change
	<u></u>		
			Remove
			□ Change
	<del></del>	<u> </u>	
			Remove
			Change
			☐ Remove
			□ Change
			Remove
			□ Change

•							-
-							
<del></del>							
					<del> </del>		
							<del></del>
				· · · · · · · · · · · · · · · · · · ·			
							<del>-</del>
							<del> </del>
	<del></del>				<del></del>	<del></del>	
		<del></del>					
<del></del>				· · · · · · · · · · · · · · · · · · ·	<del></del>		
					. =		
ctive date	, if other than i	the date of fill	ing:	or to date of filing	or more than 90 day	(optional)	cuant to 605 03(
e: If the da	te inserted in this	s block does no	t meet the appli	cable statutory f	iling requirement		
ument's effe	ective date on the	Epartment o	i State's record	S.			
record sp	ecifies a dela	yed effective	e date, but n	ot an effectiv	e time, at 12:	01 a.m. on	he earlier o
	ay after the r						16 M
1	<b>(</b> **)	21	2-11				16 MAY 3
ed	May		_,_2016	<u>.</u>			1
		<u> </u>	_//	low X	<i>'</i>		PH S
	· · · · · · · · · · · · · · · · · · ·	Signature of	a member or aut	horized representa	tive of a member		30.2
							. 🗸

Page 3 of 3

Filing Fee: \$25.00