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(Re	equestor's Name)	
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COVER LETTER

	gistration Servision of Corp						
SUBJECT:	1475 REAL	TY LLC					
Name of Limited Liability Company							
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspo	ndence concerning this matter	to the following:				
		CHRISTINE CERVANTE	es.				
			Name of Person	· · · · · · · · · · · · · · · · · · ·			
			Firm/Company				
		2554 SE WASHINGTON STREET					
			Address				
		STUART FL 34997					
	-		City/State and Zip Code				
	•	INSPIREDGREENFABUL	-				
	,	E-mail address: (to be used for future annual report notifi	cation)			
For further	information co	oncerning this matter, please ca	all:				
CHRISTINE CERVANTES			786 267-4341				
	Name of	Person	Arca Code Daytime	Telephone Number			
Enclosed is	a check for th	e following amount:					
\$25.00	Filing Fec	□ \$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

1475 Realty LLC	·
(Name of the Limited Liabifity Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L16000119713	were filed on 06/24/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
M CROSSINGS REALTY LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4813 SE GRAHAM DRIVE
Principal office address MUST BE A STREET ADDRESS)	STUART, FL 34997
Futor non malling address if annitables	2554 SE WASHINGTON STREET
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	STUART, FL 34997
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 **Title** <u>Name</u> **Address** Type of Action _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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Effective date, if other	than the date of filing:	(optional)
Note: If the date inserte	the date must be specific and cannot be prior to date of filing d in this block does not meet the applicable statutory e on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
he record specifies The 90th day afte	a delayed effective date, but not an effecti r the record is filed.	ve time, at 12:01 a.m. on the earlier of
	1	
Dated		
	<i>W</i>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00