

L16000129093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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AUG 23 2016

S. YOUNG

16 AUG 22 PM 4:51  
FALLON, NEVADA  
STATE OF NEVADA  
CLERK OF SUPERIOR COURT

church church hittle + antrim

ATTORNEYS AT LAW

August 19, 2016

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

**Re: Contempo Realty LLC**

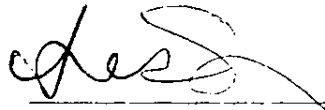
Dear Representative:

Enclosed, please find *Articles of Amendment to the Articles of Organization of Contempo Realty LLC*. The principal address of the property is being revised to reflect Fishers, Indiana instead of Fishers, Florida, which was in error. A check in the amount of \$25.00 is also included for the filing fees.

Please return a copy of the file-stamped document to our office in the enclosed self-addressed, stamped envelope. Thank you for your cooperation on these matters. Please feel free to contact me if you have any questions at 317-773-2190.

Sincerely,

**Church Church Hittle + Antrim**

  
\_\_\_\_\_  
Leslie M. Damer

Encl.

10 AUG 22 PM 4:57

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Contempo Realty 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:

Barbara L. Turi

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

10215 Summerlin Way

\_\_\_\_\_  
Address

Fishers, IN 46037

\_\_\_\_\_  
City/State and Zip Code

barbaraturi@gmail.com

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

FILED  
CLERK OF COURT  
16 AUG 22 PM 4:57

For further information concerning this matter, please call:

Barbara Turi Barbara Turi at ( 860 ) 391-2474  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Contempo Realty LLC

(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 July 7, 2016 and assigned  
Florida document number L16000129093.

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)**

10215 Summerlin Way

Fishers, IN 46037

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

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

10215 Summerlin Way

Fishers, IN 46037

**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:

New Registered Office Address:

*Enter Florida street address*

City, **Florida**

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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16 AUG 22 PM 4:01

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-14-2010 BY 60322  
UCBAW/STP

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 18, 2016

Baker & Turner

Signature of a member or authorized representative of a member

Barbara L. Turi, Member

Typed or printed name of signee