

L16000179163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

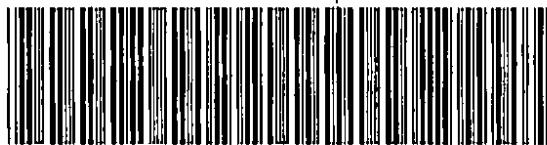
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000302154460

08/07/17--01009--018 \*\*25.00

DIVISION OF CORPORATIONS

17 AUG -7 PM 3:09

FILED

Q SIMMONS  
AUG 08 2017

## COVER LETTER

O: Registration Section  
Division of Corporations

SUBJECT: RE Direct Property 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:

Frank Schrader  
Name of Person

RE Direct Property Management  
Firm/Company

565 Montreal Avenue  
Address

Melbourne FL 32935  
City/State and Zip Code

dreyolds891@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie at ( 321 ) 254-0688  
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

mailed again 8/2/17  
re-mailed  
6/23/17

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

RE Direct Property Management

(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 9-26-16 and assigned  
Florida document number L16000179163

This amendment is submitted to amend the following:

1. 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."

2. Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

3. Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

4. 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

\_\_\_\_\_, 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

17 AUG 17 PM 3:09  
DIVISION OF CORPORATE REGISTRATION

FILED

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
or removed from our records:

IGR = Manager  
 MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>IGR</u>	<u>Melanie Schrader</u>	<u>565 Montreal Ave</u>	<input type="checkbox"/> Add
		<u>Melbourne FL 32935</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>shareholder</u>			
<u>MBR</u>	<u>Melanie Schrader</u>	<u>565 Montreal Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Melbourne FL 32935</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

27 AUG - 7 8M 3:09  
 DIVISION OF CORPORATIONS

FILED

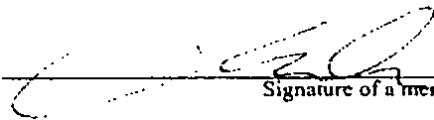
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED  
17 AUG -7 PM 3:09  
DIVISION OF LEGAL SERVICES

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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
a) The 90th day after the record is filed.

Dated June 23, 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Melanie Schrader  
\_\_\_\_\_  
Typed or printed name of signee