L16000179163

(Requestor's Name) (Address)	6003
(Address)	
(City/State/Zip/Phone #)	10,404
(Business Entity Name)	
(Document Number)	
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TO: Registration Se Division of Cor			
SUBJECT: RE	Direct Property Name of Line	Management LUC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fran	Name of Person	
	RE Direct	Property Management UC Firm/Company	
	1540 Hig	Hand Ave	
	Melbour	ne FL 32935	
	d.ca	City/State and Zip Code 8919 anail.com to be used for future innual report notification)	
	E-mail address: (to be used for future innual report notification)	
For further information c	oncerning this matter, please c	all:	
Debbie	Damalda	754-0688	
Name o	Reynolds f Person	at (<u>321</u>) <u>254 - 0688</u> Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tailahassee	
Tallahassee, 1	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ME Wrect Proper	ty Management	
(Name of the Limited Liability Com) (A Florida Limited)	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 9-76-16	and assigned
Florida document number <u>L16 000179163</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)		
		2011 05.7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	478 (mb) - 184 - 184 - 1	
		2: <u>-</u>
		_
B. If amending the registered agent and/or registered office	address on our records, enter the n	name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
· · · · · · · · · · · · · · · · · · ·	, Florida	
	City	Zio 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>	Name	Address	Type of Action
MGR	Jennifer Marin	1470 Talamore St	🗆 Add
		Viera, FL 32940	Remove
			Change
MGR	Frank D Schroder Jr	565 Montreal Ave	XAdd
		Melbourne, FL 32935	□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
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an eff lote:	ive date, if other than the date of filing:
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ated	September 30 2001 Signature of a inember of a uthorized representative of a member
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