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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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JAN 23 2017 S. YOUNG IALLAHASSEELFLOODA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PROPERTY Stewards 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:
Deberh A. Bender Name of Person
PROPERTY STEWARDS REALTY, LLC
465 Sunset Circle South
Ellenton, 7L 34222 City/State and Zip Code DSRealty@UAhoo.COM
City/State and Zip Code PREALTY & UAhoo. COM E-mail address: to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Deborah A. Bonder at 941 721-1818 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 Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)
L. ·

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

01

MODERTU HUMAZI Name of the Limited Liability Com	nany as it now appears an our records.)	
0 (A Florida Limited	pany as it now appears an our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>LIGOO Z314</u> (by were filed on $\frac{12/23/2014}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/A	SECRETURY OF ALLAH SSEE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		9: CSTA
Name of New Registered Agent:	n/A	
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	t:	

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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	<u>Address</u>	Type of Action
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JAN 20
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Page 3 of 3

Filing Fee: \$25.00