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(Re	equestor's Name)	
(Ad	ldress)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JAN 24 2017 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporation		*	20) (45)	4 · · · • • • • • • • • • • • • • • • •	
SUBJECT: REA	LTY BY Jo	SEPH LLC ited Liability Company	• -	*A	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	JOSEPH	RODRIGUE Name of Person	[2		
	REALTY B	y Joseph C	<u>.</u> (c.		in in
	4628 -	Tueson C7	<u>-</u>		TO JA
-	VALRICO, JR D real E-mail address: (1	FL. 33599 City/State and Zip Code Fy by Joseph to be used for future annual r	Coneport notification)		CRETABY OF STATE ALL AND A LAN 23 PM 4: 56
For further information conc	erning this matter, please ca	all:			
Joseph Roc Name of Pe	driguez	at (<u>813</u>)Area Code	240 - 470 Daytime Telephone	48 Number	
Enclosed is a check for the f	•	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) C	50.00 Filing Fee, Certificate of Status Certified Copy additional copy is enclos	

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

Company as it now appears on our re- mited Liability Company)	cords.)
npany were filed on 1/5/1	7 and assigned
d liability company here:	•
Liphility Company "the designation "	LLC" or the abbreviation "LLC"
Liability Company, the designation	citic of the appreviation "L.L.C.
55)	T LECRE
	PH PH
	#: 00 pm
ed office address on our reco <u>s here</u> :	rds, enter the name of the new
Enter Florida street ada	fress
	Florida Zip Code
	d liability company here: C I Liability Company," the designation "I SSS) ed office address on our recos here: Enter Florida street add

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 **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> □ Add _□ Remove _ Change □ Add ☐ Remove _□ Change □ Renjove ☐ Remove □ Change □ Add _□ Remove ☐ Change ☐ Remove

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ote: If th	e date inserted in	an the date of fidate must be specific this block does not the Department	not meet the appl	icable statutory f	or more than 90 da Iling requiremen	(optional) ys after filing.) P ats, this date wi	ursuant to 605.02 Il not be listed	907 (3 as th
		elayed effectiv he record is file		ot an effectiv	e time, at 12	::01 a.m. or	the earlier	of:
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Page 3 of 3

Filing Fee: \$25.00