4700029456

| (Requestor's Name) | |
|--|--------------------------|
| (Address) | 50029 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 02/2 |
| (Business Entity Name) | |
| (Document Number) | • |
| Certified Copies Certificates of Status Special Instructions to Filing Officer: | |
| | FEB 2 3 2017 S. YOUNG |
| | |

Office Use Only



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02/22/17--01025--019 **25.00



COVER LETTER

| TO: Registration Section | | | <i>₽</i> | |
|--|--|---|--|----------|
| Division of Corpor | | | | |
| SUBJECT: | *Core Cen | tric Realtous | LLC | |
| | Name of Limi | ted Liability Company | | |
| | | | | |
| The enclosed Articles of Am | nendment and fee(s) are subr | nitted for filing. | | |
| Please return all corresponde | ence concerning this matter t | to the following: | | |
| | Si | AMUEL FRANCIS | | |
| | | Name of Person | | |
| | CORE (| Centric Renttoe | 25 | 1 |
| | | Firm/Company | | 귀 |
| | 4629 NW | 121ST AVE | | 8 22 |
| | | Address | | |
| | COENL SP | RINGS, FL 3' City/State and Zip Code UCIS REALTOR | 3076 | ANIO: 50 |
| | SFRAN | City/State and Zip Code UCIS REAL TOR 1 | @ GMAIL, | |
| - | E-mail address: (t | o be used for future annual report notifi | cation) | |
| For further information conc | erning this matter, please ca | ıll: | | |
| SAMUEL | FRANCIS | at (954) 55" Area Code Daytime | 1-1895 | |
| Name of Pe | тѕоп | Area Code Daytime | Telephone Number | |
| | | | | |
| Enclosed is a check for the fo | ollowing amount: | | | |
| \$25.00 Filing Fee Staple Alta hed | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc | |

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

The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number 170000 29456 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

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> | Address | Type of Action |
|--------------|----------------|--|----------------|
| MGR | SAMUEL FRANCIS | 4629 NW 121ST AVE | Add |
| | | 4629 NW 121ST AVE CORAL Springs, FL 33076 | ☐ Remove |
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| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filir | (optional) |
| Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records. | y filing requirements, this date will not be listed as |
| document s effective date of the Department of State's records. | |
| ne record specifies a delayed effective date, but not an effect The 90th day after the record is filed. | tive time, at 12:01 a.m. on the earlier o |
| 2(2) | |
| Dated 2 (See 1997) | |
| Dated $\frac{\partial}{\partial x} \left(\frac{\partial}{\partial x} \right)$, $\frac{\partial}{\partial x} \left(\frac{\partial}{\partial x} \right)$ | 7 |

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00