L17000081912

(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



800300271248

06/19/17--01037--012 **25.00

TOUN 19 PM 1: 29

S. WARREN JUN 2 0 2017

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	ст: <u>£</u>	Eastern Bre	eeze Realty)	LLC	
The enc	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all correspon	dence concerning this matter	to the following:		
Theresa Bassing Name of Person Eastern Breeze Realty, LLC Firm/Company					
		East	ern Breeze Re	ealty, LLC	
		1101 W. F	libiscus Blvd.,	Suite 106B	
		Melbou	rne FL 329 City/State and Zip Code	701	
		+bassing	ovealtor @GN	<u>1all.CoM</u>	
For furt	her information co	ncerning this matter, please ca			
	heresa Name of	- Bassing Person	at (301) Le 21e	: Telephone Number	
Enclose	d is a check for the	following amount:			
X \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on HOCL Florida document number 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 (vord) "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 Circ

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 United Hability 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 Changing title to manager. or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name: <u>Address</u> Type of Action Theresa Bassing 3945 Bayberry Dr. Melbourne, FL 32901 _□ Add ☐ Remove _XChange DbA □ ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove □ Change ☐ Remove **□**±hange □ **K**emove

☐ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if nece	ssary)		
,				_
				-
				-
				-
			_	-
				_
				_
				_
				-
•				-
,				-
				-
-				=
				=
				-
				-
Effect If an ef Note:	ive date, if other than the date of filing:	nal) filing.) Pursu date will no	ant to 60	5.0207 (. ted as tl
docun	ent's effective date on the Department of State's records.			
	tord specifies a delayed effective date, but not an effective time, at 12:01 a 90th day after the record is filed.	.m. on th	ie earl	ier of:
Dated	June 14 2017.			
	Theresa Bassing			
	Signature of a member or authorized representative of a member	<u> </u>	ונ ל	
	<u>Theresa Bassing</u>	<u> </u>	æ 	T) II
	Typed or printed name of signed		Hd (~; ~;
	Page 3 of 3	10% 110%	1:2	
	Elling Lon. \$25.00		29	

Filing Fee: \$25.00