L17000090001

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(Business Entity Name)
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SECRETARY OF STATE

S Warren

MAY - 1 2017

COVER LETTER

	stration Se ion of Cor	ction porations – '				
SUBJECT: _	lst FLORII	DA REALTY GROUP LLC				
object		Name of Lim	ited Liability Company			
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return a	ill correspo	ndence concerning this matter	to the following:			
		RONALD SELBY				
			Name of Person			
1st FLORIDA REALTY GROUP LLC						
		6095 SHALLOWS WAY				
			Address			
		NAPLES FL 34109				
			City/State and Zip Code			
		RESELBY@COMCAST.N				
For further info	ormation co	n-mail address: (oncerning this matter, please ca	to be used for future annual report notif	ication)		
RONALD SE	LBY		239 682-2540			
	Name of	Person	at ()	e Telephone Number		
Enclosed is a c	heck for th	e following amount:				
\$25.00 Fili	ing 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

1ST FLORIDA REALTY GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A)	riorida Limited Li	ability Company)		
The Articles of Organization for this Limited Liabi	ility Company v	vere filed on 04/2	22/2017	and assigned
Florida document number L17000090001		***************************************		
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liabil	ity company her	<u>e</u> :	
The new name must be distinguishable and contain the words	s "Limited Liabilit	y Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	(X)			
D. If amonding the project and a section of the sec		11		
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>enter</u>	the name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florid	a street address	
	······································	· · · · · · · · · · · · · · · · · · ·	, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:		5	on in the second seco
I hereby accept the appointment as registered as			pacity. I further ag	ree to comply with the
provisions of all statutes relative to the proper a accept the obligations of my position as register				
being filed to merely reflect a change in the regi	istered office a			Med liability
company has been notified in writing of this cha	ange.		!	
				10811 12:51

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	RONALD SELBY	6095 SHALLOWS WAY NAPLES	■ Add
			☐ Remove
			□ Change
MGR	JOY SELBY	6095 SHALLOWS WAY NAPLES	Add
			■ Remove
			☐ Change
			Add
		□ Remove	
			☐ Change
			
			Remove
			☐ Change
····			□ Add
			APREAMENT TALLAHASSE
			RRY OF STATE
		**************************************	Remove Change

f amending any other information, enter c			
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			·····
 			
ffective date, if other than the date of filing an effective date is listed, the date must be specific and ote: If the date inserted in this block does not recument's effective date on the Department of S	d cannot be prior to date of filing or mo meet the applicable statutory filing	(optional) ore than 90 days after filing.) Progrequirements, this date will	irsuant to 605.0207 Il not be listed as
record specifies a delayed effective of The 90th day after the record is filed.	date, but not an effective ti	me, at 12:01 a.m. on	the earlier of
04/25/2017		,4	
ated	· Aller	ALLAH	T APR
	Ser 1	<u>2</u> 5	Z ~
Signature of a	member or authorized representative	of a member	
Signature of a second s	member or authorized representative	<u> </u>	S PRIS

Page 3 of 3

Filing Fee: \$25.00