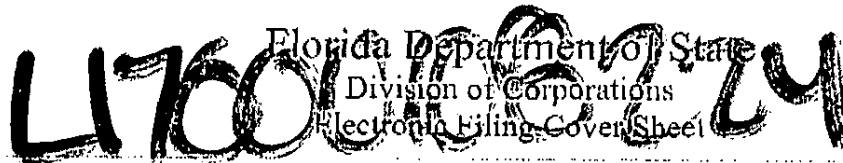


5/19/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number
(shown below) on the top and bottom of all pages of the document.

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H170001371533ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BURKE FAULKNER LAW, P.A.
Account Number : I20150000064
Phone : (727)781-7428
Fax Number : (727)214-2814

****Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
UNTETHERED REALTY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
2017 MAY 19 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 MAY 19 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

D. SCOTT

MAY 22 2017

BURKE FAULKNER LAW

3106 Alt US 19 N. Ste. B • Palm Harbor, FL 34683
727-781-7428 (P) • 727-214-2814 (F) • www.burkefaulknerlaw.com

Robert C. Burke, Jr., J.D.
rob@burkefaulknerlaw.com

Debra A. Faulkner, J.D., LL.M. in Taxation
debbie@burkefaulknerlaw.com

May 19, 2017

FL Division of Corporations

Re: Untethered Realty, LLC / L17000108224

To Whom It May Concern:

On May 16, 2017, Untethered Realty, LLC was filed with the FL Division of Corporations. I was made Manager of the LLC in error. The LLC should have a single manager, Michael Woodburn.

Secondly, I should instead be listed as the Authorized Representative and Attorney for the above-named LLC. The Registered Agent will continue to be listed as Burke Faulkner Law, P.A.

An LLC Amendment was filed on May 19, 2017 to remove myself as a listed Manager.

Thank you for your assistance in this matter.

Sincerely,



Debra A. Faulkner, Esq.
Enclosures

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17 MAY 19 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Untethered 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:

Debra A. Faulkner, Esq.

Name of Person

Burke Faulkner Law, P.A.

Firm/Company

3106 Palm Harbor Blvd., Suite B

Address

Palm Harbor, FL 34683

City/State and Zip Code

debbie@burkefaulknerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra A. Faulkner

727

781-7428

at (_____) _____

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

☐ \$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

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17 MAY 19 AM 9:48
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Untethered Realty, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/16/2017 and assigned
Florida document number LI7000108224

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 "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

City

Florida

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

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SECRETARY OF STATE

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>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGR	Debra Faulkner	3106 Palm Harbor Blvd., Suite B	<input type="checkbox"/> Add
-----	----------------	---------------------------------	------------------------------

		Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Remove
--	--	-----------------------	--------------------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

Authorized
Representative

Debra Faulkner

3106 Palm Harbor Blvd, Ste B

			<input checked="" type="checkbox"/> Add
--	--	--	-----------------------------------------

Palm Harbor, FL 34683

			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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SECRETARY OF
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

I Dated

5-19-17

2017

2017


~~Signature of a member or authorized representative of a member~~

Debra Faulkner

Typed or printed name of signee

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MAY 19 AM 9 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA