117000171865

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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AUG 13 2018 S. YOUNG SECRETARY OF STATE

COVER LETTER

	stration Sec sion of Corp		<i>,</i>				
SUBJECT:	Executive Pr	rime Choice Realty, LLC					
оовист.		Name of Lim	ited Liability Company				
The enclosed	Articles of A	amendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		Lewis M Oliver III					
			Name of Person				
		Oliver Title Law					
			Firm/Company				
		10967 Lake Underhill Rd	Suite 108		- 동 의 5	<u>.</u>	
			Address	-			_
		Orlando, FL 32825				ਤ =	=
			City/State and Zip Code			AUG 10 PH 6: 39	FILEU
		E-mail address; (to be used for future annual report notifi	cation)	108 213	<u>ٺ</u>	
For further in	formation co	ncerning this matter, please ca	all:		DA I	39	
Lewis M Oliv	ver III		407 249-5050 at ()				
	Name of	Person		Telephone Number			
Enclosed is a	check for the	following amount:					
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status &		

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

Executive Prime Choice Realty LI			
(<u>Name of the Lim</u>	ited Liability Compan (A Florida Limited Li	y as it now appears on our recor ability Company)	<u>ds.</u>)
The Articles of Organization for this Limited I Florida document number <u>L17000171865</u>	Liability Company v	were filed on 8/11/17	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabil	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabilia	ty Company," the designation "LLO	
Enter new principal offices address, if appli	cable:		A S 8
(Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>
			SS
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of			is, enter the name of the no
Name of New Registered Agent:			
New Registered Office Address:	10967 Lake Und	erhill Rd., Suite 108	
		Enter Florida street addre	5.V
	Orlando	, F	lorida <u>32825</u>
	<u> </u>	City	Zip Code

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

Page 1 of 3

Addres only

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
		-	
			☐ Remove
			Calliassee, FLORIDA
			Remove 39 Change
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Effective date, if other than the date of filing: S/13/2018				<u> </u>				_
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Dated August 8 2018							a.m. on the ear	lier of:
JNIA //	Dated	August	18	2018				
2/1// M		1 7		IMA	M			
Signature of a member of authorized representative of a member		· · · · · · · · · · · · · · · · · · ·	Signature of a	member of auth	orized representat	ive of a member		

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Filing Fee: \$25.00