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(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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J. LEGGETT FEB 01 2018

COVER LETTER

TO:	Registration S Division of Co			
eup II		LINE REAL ESTATE, LLC		
SUBJE	.C1:	Name of Limi	ted Liability Company	
		f Amendment and fee(s) are sub- condence concerning this matter		
			JHONNY MERCADO	
			Name of Person	
WEN LOXAHATCHEE REAL ESTATE, LLC				
Fimi/Company 1100 PARK CENTRAL BLVD SOUTH, SUITE 3300				
				E 3300
		, . 	Address	
		POMP	ANO BEACH, FLORIDA 33064	
		City/State and Zip Code		
			CADO@JAERESTGROUP.COM to be used for future annual report notified.	tealion)
r. 6				Ration
ror tur	iner information	concerning this matter, please ca		
JHONNY MERCADO		ADO	561 997-6002 at ()	
	Name	of Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for	the following amount:		
\$25	5.00 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)
	MAI	LING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ppears on our records.) any)	
nNovember 20, 2017	and assigned
ny here:	
the designation "LLC" or the	abbreviation & L.C."
	ω $\overline{\xi}$
	7
ss on our records, <u>ente</u>	r the name of the ne
er Florida street address	
, Florida _	Zip Code
	-54. William
	n November 20, 2017 ny here: The designation "LLC" or the:

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

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 = N $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	Add
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ctive date, if other than the ceffective date is listed, the date must	ate of filing:	January 30, 201	8	(optional)	Thursday 605
e: If the date inserted in this blo-	ck does not meet t	he applicable stat	ning or more than 9 utory filing require	ments, this date w	vill not be liste
iment's effective date on the De	artment of State":	s records.			
ecord specifies a delayed	effective date,	, but not an ef	fective time, at	: 12:01 a.m. o	n the earlie
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January 30	20	810			
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·	Signature of a memb	TELEVISION TO SEL	aesemative or a men	H/CI	
		HONNY MERCA			

Page 3 of 3

Filing Fee: \$25.00