## 118000000 485

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09/07/18--01011--028 \*\*25.00



T. CLINE
SEP 12 シンパ
EXAMINER

## **COVER LETTER**

REALOC RU <b>BJECT</b> :	ATE, LLC		
obsider.	Name of Lim	ited Liability Company	
he enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
ease return all corresp	ondence concerning this matter	to the following:	
	MATTHEW REDMER		
		Name of Person	
	REALOCATE, LLC		
		Firm/Company	
	532 ABBOTSFORD CT.		
	<del></del>	Address	<del></del>
	SAINT JOHNS, FL 32259		
	MATTREDMER@GMAIL	City/State and Zip Code	
		to be used for future annual report notif	ication)
or further information	concerning this matter, please c	all:	· .
MATTHEW REDMER	1ATTHEW REDMER 904 755-0766 at ( )		
Name	of Person		Telephone Number
inclosed 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 of Certified Copy (additional copy is enclose

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

REALOCATE, LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L18000000485</u>	ny were filed on 01/02/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liz	ability company here:
NEWHOMES.TV, LLC	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L.L.C." or the abbreviation "L.L.C."
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)	E.)
manny marces Mill Be / 1001 Of Tice Box	
B. If amending the registered agent and/or registered	office address on our records, enter the name of the one
registered agent and/or the new registered office address he	ere: 26
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

. 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 Title <u>Name</u> Address Type of Action \_□ Add \_□ Remove \_\_\_\_\_ Change □ Add

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