118000146372

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER JUL 2 4 2018

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJ	ест: <u>5</u>	orasota Realty Ce Name of Limi	enter LLC		
		Name of Limi	ted Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are subr	mitted for filing.		
Please	return all correspo	ondence concerning this matter t	to the following:		
		Nich	Olos Miessmer Name of Person		
			Name of Person		
		Sara	sota Realty Cent	er LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company		
		5334	7 San Jose Dr.		
			Address	 	
		Sor	OSOTA FL 3423 City/State and Zip Code	35	
		<u> </u>	CKM1855 rner @ gr	rail.com	
		·		грогі поппісаціон)	
For fu	rther information o	concerning this matter, please ca	ull:		
	Nicholas	S Hiesspier	at (<u>941</u>)	702-3635	
	Name o	of Person	Area Code	Daytime Telephone Number	
Enclo	sed is a check for t	he following amount:			
λί s:	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of 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

Socasota Realty Company as it represented Liability Company as it	enter LLC ow appears on our records.)		
The Articles of Organization for this Limited Liability Company were fi Florida document number <u>L 18000146372</u> .		nd assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability con	npany here:		
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbrevial	tion "L.L.C."	-
Enter new principal offices address, if applicable:	77 N. Washington Bouleva	ird	_
(Principal office address MUST BE A STREET ADDRESS)	5 <u>77 N. Washington Bouleva</u> Sgrasota, FL 34236		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- -
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	dress on our records, enter the r		<u>new</u>
Name of New Registered Agent:			1 2
New Registered Office Address:		ETAR HOF C	
	Enter Florida street address Florida Zip	PM 1:49	
City	Zip	Cixle	; - 1
New Registered Agent's Signature, if changing Registered Agent:		9	-
I hereby accept the appointment as registered agent and agree to ac provisions of all statutes relative to the proper and complete perform accept the obligations of my position as registered agent as provide	nance of my duties, and I am famili	ar with and	

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Remove
			
			П Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
	· .		
			Remove
			Change

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Filing Fee: \$25.00