

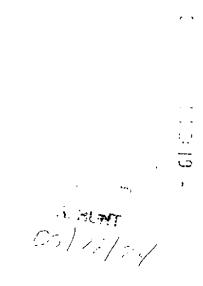
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## **COVER LETTER**

TO: Registration S Division of Co				
PLESION	REALTY, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MENDEZ FERNANDEZ.	JOSE A		
	•	Name of Person		
	PLESION REALTY, LLC			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	907 W HILLSBOROUGH	AVE		
		Address		
	TAMPA, FL 33603			
		City/State and Zip Code		
	plesionrealty.lle@gmail.cor			
	E-mail address: (	to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		:
JOSE A. MENDEZ FERNANDEZ		813 347 0818		<u> </u>
Name	of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy tadditional copy is	Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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PLESION REALTY, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records la Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability (		and assigned
Florida document number L20000389818	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
PLESION REAL ESTATE SERVICES, LLC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		* •
B. If amending the registered agent and/or register	ed office address on our records, <u>enter</u>	the name of the new register
agent and/or the new registered office address here:	:	
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street addres	3
		orida
	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

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>	Address	Type of Action
			□Add
			□Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
	was few cases (AT wild takes to the second takes the second takes to the second takes to the second takes the second takes to the second takes the	. <del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			(TChanga

Typed or printed name of signee