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EXAMINER

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COVER LETTER

Division of Corpo	orations						
SUBJECT: INTER I	MMOBILIEN, LLC		0				
(Name of Limited Liability Company)							
The surfaced Addalos of A							
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.					
Please return all correspond	dence concerning this matter	to the following:					
	KARL RENTSCHLER						
	S & A of NWFL, LLC						
	200 HART STREET						
(Address)							
(City/State and Zip Code)							
For further information cor	ncerning this matter, please c	all:					
KARL RENTSCHLER		at (850) 729-0537					
(Name of Person)		(Area Code & Daytime To	elephone Number)				
Enclosed is a check for the	following amount:						
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,				
	Certificate of Status	Certified Copy	Certificate of Status &				
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)				
			1,				

MAILING ADDRESS:

Registration Section

TO:

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

INTER IMMOBILIEN, I	LU					
(Name of the Limite	A Florida Limited	l Liability Comp	ppears on our recordany)	<u>as.</u>)		
The Articles of Organization for this Limited I	Liability Compar	ny were filed on	12/27/04	an	nd assigned	đ
This amendment is submitted to amend the following	llowing:					
A. If amending name, enter the new name	of the limited lia	ability compan	y here:			
S & A of NWFL, LLC						
The new name must be distinguishable and end w "L.L.C."	rith the words "Lin	mited Liability (Company," the designate	ation "LLC" o	r the abbrev	viation
Enter new principal offices address, if applicable:		N/A				
(Principal office address MUST BE A STRE	<u>'ET ADDRESS)</u>					—
Enter new mailing address, if applicable:		N/A				
(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 Name of New Registered Agent: New Registered Office Address:			(Enter Florida sti	reet address)	09 FE	e new
		(City)	, Flor	ida Zij	o Code)	- September 18
New Registered Agent's Signature, if changing	Registered Ager				7	

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Address Type of Action** Title ' <u>Name</u> MGR KARL RENTSCHLER 200 HART STREET **₫** Add NICEVILLE, FL 32578 Remove Remove Add 🗂 Remove Remove 🗖 Add Remove **∫** Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A Dated 2/2/09

Typed or printed name of signee

KARL RENTSCHLER

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00