

L07000040424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

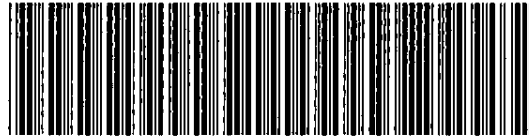
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000190765120

01/10/11--01059--021 **25.00

FILED
11 JAN 10 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 11 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Porter-Davis Real Estate Brokerage, LLC
Name of Limited Liability Company

FILED
11 JAN 10 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Allen Olofson-Ring
Name of Person

Firm/Company

301 N 15th St
Address

Immokalee, FL 34142
City/State and Zip Code

allen@porterdavisrealty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allen Olofson-Ring at (**239**) **218-1029**
Name of Person Area Code & Daytime Telephone Number

Enclosed 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 & Certified Copy (additional copy is enclosed)

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**

Porter-Davis Real Estate Brokerage, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
11 JAN 10 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/16/2007 and assigned
Florida document number L07000040424.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Porter Davis Real Estate Brokerage, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5473 Lee St.

(Principal office address MUST BE A STREET ADDRESS)

Unit 201

Lehigh Acres, FL 33971

Enter new mailing address, if applicable:

5473 Lee St.

(Mailing address MAY BE A POST OFFICE BOX)

Unit 201

Lehigh Acres, FL 33971

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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 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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Allen Olofson-Ring	5473 Lee St Unit 201 Lehigh Acres, FL 33971	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

FILED
 11 JAN 10 PM 2:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated January 6th, 2011



 Signature of a member or authorized representative of a member
 Allen Olofson-Ring

 Typed or printed name of signee