

LO7000041632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

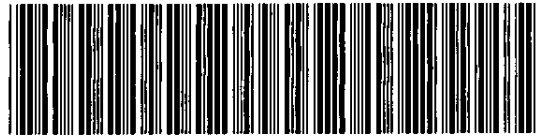
(Business Entity Name)

(Document Number)

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2011 AUG - 9 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG - 9 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2011

ADAM J. BIERMAN
SQUARE FEET REALTY, LLC
PO BOX 403523
MIAMI BEACH, FL 33140

SUBJECT: SQUARE FEET REALTY, LLC
Ref. Number: L07000041632

We have received your document for SQUARE FEET REALTY, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 211A00016333

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SQUARE FEET REALTY, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADAM J. BIERMAN
Name of Person

SQUARE FEET REALTY, LLC
Firm/Company

P.O. BOX 403523
Address

MIAMI BEACH, FL 33140
City/State and Zip Code

AJBIERMAN@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM J. BIERMAN at (**305**) **761-7123**
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

FILED

2011 AUG -8 AM 10:47

SQUARE FEET REALTY, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The Articles of Organization for this Limited Liability Company were filed on 04/19/2007 and assigned Florida document number L07000041632.

This amendment is submitted to amend the following:

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

ORSON BING REALTY, 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

N/A

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>
			<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

N/A

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

Dated JULY 5 , 2011

Adam J. Bierman
Signature of a member or authorized representative of a member

ADAM J. BIERMAN
Typed or printed name of signee

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2011 AUG - 8 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA