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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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FILED SECRETARY OF STATE DIVISION OF CORPORATION

G. MCLEOD

FEB 1 3 2008

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Realty Perts (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: |
| Kari Faught (Name of Person) |
| Realty Rents L.L.C. (Firm/Company) |
| 2039 West 1st Street #2 |
| Fort Myers, FL 33901 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (239 745 - 2700) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{S55.00 Filing Fee & Gertificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (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

SECRETARY OF STATE ARTICLES OF AMENDMENTIVISION OF CORPORATION TO ARTICLES OF ORGANIZATION 08 FEB 12 AMII: 40

| | OI | | | |
|---|---|--|-------------------------------|--|
| Realt | y Rents | L.L.C. | | |
| (Name of the Limited (A | Liability Company as i Florida Limited Liabilit | t now appears on our records.) y Company) | | |
| The Articles of Organization for this Limited Li Florida document number $\frac{\bot \not Q \Rightarrow \not Q \not Q \not Q}{}$ | ability Company were <u> 199</u> 359 | filed on <u>9-28-0</u> | and assigned | |
| This amendment is submitted to amend the follo | owing: | | | |
| A. If amending name, enter the new name of | the limited liability c | ompany here: | | |
| The new name must be distinguishable and end wit "L.L.C." | h the words "Limited Li | ability Company," the designation | on "LLC" or the abbreviation | |
| B. If amending the registered agent and/or the new registered of | | ddress on our records, <u>ent</u> | <u>er the name of the new</u> | |
| Name of New Registered Agent: | NA | · | | |
| New Registered Office Address: | | (Enter Florida stree | t address) | |
| . Florida | | | | |
| | · (Ci | , | (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 = Ma | naging Member | | |
|---------------|--|---|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| <u>mgem</u> | Kari Faugnt | 11631 Marino Ct Fort myers | Add |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
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| D. If amendia | ng any other information, enter change | (s) here: (Attach additional sheets, if necessary.) | _ |
| | | | - |
| Dated 3 | 1-B 08 | 3 | _ |
| Dated | 4 vari | or authorized hepresentative of a member | |
| - | Typed o | FAUG HT or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00