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G. MCLEOD

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EXAMINER



TO: Registration Section Division of Corporations

SUBJECT: ALL STAR REALTY EXECUTIVES 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:		
MARK HARRINGTON		
(Name of Person)		
ALL STAR REALTY EXECUTIVES LLC.		
(Firm/Company)		
1177 HWY 17 SOUTH		
(Address)		
SATSUMA, FL. 32189		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
MARK HARRINGTON at (386) 649-1111		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Solonon Filing Fee & Certificate of Status} \text{Solonon Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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 DIVISION OF 08 JAN 28 PM 3: 28 ARTICLES OF ORGANIZATION OF

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 Type of Action **Title** <u>Name</u> Address **MGRM** DALE DEVRIES 132 ARDEN AVE Add INTERLACHEN FL. 32148 Remove Add Remove ∏Add Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Jan. 25 2008 Signature of a member or authorized representative of a member MARK HARRINGTON

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00