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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

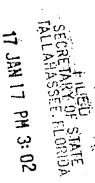
Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Staack Realty Group 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:
Tracey Reynolds Staack Name of Person
House Hunters Realty Group LLC
12844 81St Ave Address
0 1 - 0 22
Seminole FL 35776  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tracey Reynolds Staack at (727) 744-0881  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Staack Realty Gro	UD LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LOROONOH5</u>	were filed on $12-1-08$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
House Hunters Realty The new name must be distinguishable and contain the words "Limited Liability"	Group, LLC  ity Company," the designation "LLC" or the abbreviation "LLC.
Enter new principal offices address, if applicable:	12844 815 Ave 皇靈
(Principal office address MUST BE A STREET ADDRESS)	Seminole, FL 33776 7 197
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13799 Park Blvd #228 Em
B. If amending the registered agent and/or registered off 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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christopher Brunetto	12844 815+ Ave Seminole FL 33776	Add
		Seminole FL 33776	Remove
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neffective date is liste te: If the date inse	d, the date must be specific and cannot be prior to da	ate of filing or more than 90 days after filing.) Pursuant to 605.02 statutory filing requirements, this date will not be listed
	s a delayed effective date, but not ar ter the record is filed.	n effective time, at 12:01 a.m. on the earlier
red Janua	<u>ing 13</u> , 2017.	n c
	Lacy Reynolds-	Staack

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Filing Fee: \$25.00