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ALLAHASSEF, FLORID.

D. BRUCE

JUN 28 2012

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Carolyn m Bown Real Estate, 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:
Carolyn (Boown) Name of Person
Garolyn M. Brown, CLC Firm/Company
1018 Arezzo Circle Address
Boynton Beach, 7L 33434 City/State and Zip Code
Carolyn_brown 0123 @ Comcast, Net E-mall address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carolyn Boown at (54/72/4-008) Area Code & Daytime Telephone Number SER P
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution}\$\$\$ \$30.00 Filing Fee & \text{\$\subset}\$\$\$\$ \$55.00 Filing Fee & \text{\$\subset}\$\$\$\$\$\$ \$60.00 Filing Fee, \text{\$\subset}\$\$\$\$ \$Certificate of Status & \text{\$\cute{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

A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number <u>110000115.303</u> This amendment is submitted to amend the following: X Yamending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation 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

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.

City

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:

<u> </u>	Name	Address	Type of Action
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			27 PH P. S.
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Dated	,		
	Δ -	mber or authorized representative of a member A pow A proposed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00