L12000078874

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SECRETARY OF STATE
DIVISION OF CORPORATION

C. LEWIS
FEB 1 4 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

James B. Traxinger, 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:

James B. Traxinger

Name of Person

James B. Traxinger, LLC

Firm/Company

2224 Widener Terrace

Address

Wellington FL 33414

City/State and Zip Code

jimtraxinger@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James B. Traxinger

_{.,,}561 **818-032**4

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



2013 FEB 13 AM 8: 26

(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our rec la Limited Liability Company)	<u>.ords.</u>)	
The Articles of Organization for this Limited Liability Florida document number L12000078874	Company were filed on 6/14/20012	and assigned	
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company here:		
Realty Professionals US, LLC			
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Muting dutiess MAT BE ATOST OFFICE BOX		, , , , , , , , , , , , , , , , , , , ,	
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		i, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	·		
	Enter Florida street address		
		orida	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

James B. Traxinger, LLC

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 <u>Title</u> <u>Name</u> Type of Action **Address** Remove Remove Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEUR OIVISIO	FIL. ETARY NOFCI	ED 'OF STATE DRPORATION
2013 FE	B I 3	AM 8: 26
		
	_	
February 11 , 2013		
Ja 9.		_
Signature of a member or authorized representative of a member James B. Traxinger		_
Typed or printed name of signee		

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Filing Fee: \$25.00