# 117000243961

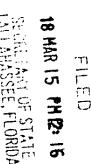
(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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S. WARREN MAR 1 6 2018

# **COVER LETTER**

SUBJE	CT:	Genuine Realty	Team LLC	
	Name of Limited Liability Company			
The end	closed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
			Craig Burroughs	
			Name of Person	
	Genuine Realty Team			
	Firm/Company			<del>.</del>
	1400 Colonial Blvd. Suite 202			
	Address			
	Fort Myers, Fl 33907			
	City/State and Zip Code			
	gpm.craig@gmail.com			
		E-mail address:	(to be used for future annual report notific	cation)
For fur	ther information co	ncerning this matter, please of	call:	
	Craig Burro	ughs	at (_954) 662-7735	
	Name of Person Area Code Daytime Telephone Number			Telephone Number
Enclose	ed is a check for the	following amount:		
<b>₽</b> \$25	5.00 Filing Fee	S30.00 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:

TO:

Registration Section
Division of Corporations

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
Tallahassec, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	e Realty Team, LLC		
( <u>Name of the Limited Liahi</u> (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	11/28/2017	and assigned
Florida document numberL17000243967	<del>.</del>		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lir</u>	nited liability company he	re:	
The Burroughs Team, LLC			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the de	signation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	(RESS)		
	- <u>-</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
The state of the s			
B. If amending the registered agent and/or reg	istered office address on	our records, enter	the name of the n
registered agent and/or the new registered office ad	dress here:		
Name of New Registered Agent:	***************************************		
New Registered Office Address:			
Train sagamatas Critica I Marani.	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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
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. If am	ending any other information, enter	change(s) here: (Attach additional she	eets, if necessary.)
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. Effec	tive date, if other than the date of fil	ing:	(optional)
(lf an e	ffective date is listed, the date most be specific	ting:	90 days after filing.) Pursuant to 605.0207 (3)(
	ment's effective date on the Department of		ements, this date will not be used as the
		date, but not an effective time, a	at 12:01 a.m. on the earlier of:
) Ih	e 90th day after the record is file	đ.	
<b>.</b>	, Marcl 5	ΛΝΟ	
Date	i March S.	_, <u>QOI</u>	
	can Bull		
	Signature of	a member or authorized representative of a me	mber
	(early Bullough)	Typed or printed name of signee	A A A A A A A A A A A A A A A A A A A
	$\smile$	11 t	SS <b>5</b>
		Dog 2 . 6 1	
		Page 3 of 3	
		Filing Fee: \$25.00	TATE ORIDA
			<b>&gt;</b> **** <b>3</b> ***