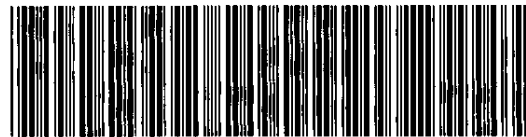


L10000019244



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07/16/10--01023--014 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. HAMPTON
JUL 19 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REAL ESTATE PROFESSIONAL SERVICES, 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:

ARTURO GIAMMUGNANI
Name of Person
REAL ESTATE PROFESSIONAL SERVICES LLC
Firm/Company
21019 MARSH HAWK DRIVE
Address
LAND O LAKES, FL 34638
City/State and Zip Code
ARTUROG@ME.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTURO GIAMMUGNANI at (**813**) **767-1814**
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**

REAL ESTATE PROFESSIONAL SERVICES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/19/2010 and assigned Florida document number L10000019244.

This amendment is submitted to amend the following:

A. If amending 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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

21019 MARSH HAWK DRIVE
LAND O LAKES, FL 34638

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

21019 MARSH HAWK DRIVE
LAND O LAKES, FL 34638

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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:

ARTURO GIAMMUGNANI

New Registered Office Address:

21019 MARSH HAWK DRIVE

Enter Florida street address

LAND O LAKES

Florida

34638

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 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.

Arturo Giammugnani
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:

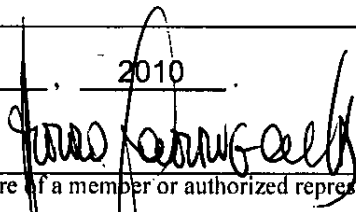
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RUSSELL V JURIS	6428 HANLEY ROAD TAMPA, FL 33634	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ARTURO GIAMMUGNANI	21019 MARSH HAWK DRIVE LAND O LAKES, FL 34638	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated JULY 13, 2010



Signature of a member or authorized representative of a member

ARTURO GIAMMUGNANI

Typed or printed name of signee