

L03000917228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

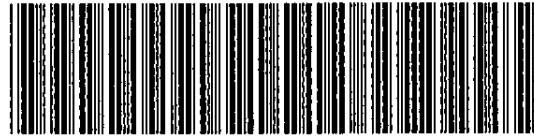
(Business Entity Name)

(Document Number)

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FILED
12 MAY -2 PM 3:29
SEAL OF STATE
TALLAHASSEE FLORIDA

B. BOSTICK

MAY - 3 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S+R REALTY 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:

JACK FEINTISEN
Name of Person
DUBIN & ASSOCIATES CPAs PC
Firm/Company
50 JERICHO TURNPIKE
Address
JERICHO, NY 11753
City/State and Zip Code
JACK@DUBINCPAS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACK FEINTISEN at (516) 997-1110 x105
Name of Person Area Code & Daytime Telephone Number

RECEIVED
12 MAY - 2 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

S+R REALTY 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 5/13/03 and assigned

Florida document number 203000017228

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

S+R REALTY EQUITIES LLC

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)

1301 CAPE POINTE CIRCLE
VERO BEACH, FL 32963

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Dubin & Associates CPAs P.C.
50 Jericho Turnpike, Suite 201
Jericho, NY 11753

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:

RICHARD CARRUS

New Registered Office Address:

1301 CAPE POINTE CIRCLE

Enter Florida street address

VERO BEACH

Florida

32963

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.

X
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	RICHARD CARRUS	1301 CAPE POINTE CIRCLE VERO BEACH, FL 32967	<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
			<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.)

STATE OF FLORIDA
 12 MAY -2 PM 3:29
 12 MAY -2 PM 3:29

Dated _____



 Signature of a member or authorized representative of a member
 RICHARD CARRUS

 Typed or printed name of signee