| : |
|---|
| (Requestor's Name) |
| |
| (Address) |
| |
| (Address) |
| • |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| 98/22 |
| |
| |
| |
| aners. |
| |

Office Use Only



100078712201

08/21/06--01022--012 **25.00

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: Brokers Town & Country 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: | | | | |
| Michael Levine (Name of Person) | | | | |
| Brokers Tourd Country Realty 2LC (Firm/Company) | | | | |
| 2186 Inglesicle Ave | | | | |
| Maccon 6A 31204 (City/State and Zip Code) | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Michael Levine at 478 621-2505 (Name of Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 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:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Brokers Town & Country Realty, | LLC |
|--|-----|
| (Present Name) (A Florida Limited Liability Company) | |

| FIRST: | The Articles of Organization were filed on $\frac{9/30/2003}{139}$ and assigned document number $\frac{L03000037139}{139}$. | | |
|---------|--|---------------|---------------------------------|
| SECOND: | This amendment is submitted to amend the following: mailing Charge Location allress to: | <u>-</u> | |
| | 2186 Ingleside Ave Macon, GA 31204 | | |
| | Fax | | |
| Dated | 8/14/06 2006 | | |
| | Signature of a member or authorized representative of a member | 06 AUG 21 | SECRETAR'S DIVISION OF C |
| | Michael Cevine Typed or printed name of signee | AM :: 4 | ED Y OF STATE ORPORATIONS |

Filing Fee: \$25.00