## L04000070602

(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:					
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)				
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Office Use Only



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SECRETARY OF STATE

FILED

T. CLINE

MAR 15 2011

**EXAMINER** 

## **COVER LETTER**

TO:

TO:	Registration Division of C	Section Corporations		
SUBJE	ECT:	Zivkovic & Associat	es Real Estate Services, LLC	
			mited Liability Company	
The en	closed Articles	of Amendment and fee(s) are s	ubmitted for filing	
		spondence concerning this matt	•	
		<u>.</u> . <u>-</u>	Robert Zivkovic	
			Name of Person	
		Zivkovic & As	ssociates Real Estate Services, LLC	
			Firm/Company	
		2	324 Grand Ave., Suite 5	
			Address	
			Fort Marine FL 20004	
			Fort Myers, FL 33901 City/State and Zip Code	<del></del>
			robziv@yahoo.com	IAS 20
		E-mail address	(to be used for future annual report notification)	— CC II
For furt	ther information	n concerning this matter, please	call:	2011 MAR 14 SECRETARY ALLAHASSE
	5	Robert Zivkovic	at (_239 <sub>.)</sub> 247-508	- 6
		e of Person	at (235) 247-300 Area Code & Daytime Telephone	38 FE FI STAT
				Number CORIDA
Enclose	ed is a check fo	r the following amount:		<b>→</b> **
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

95 Real Estate 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 <u>September 28,2004</u> and assigned L04000070602 Florida document number \_\_\_ 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 "LIX" or the believe the company of the designation "LIX" or the d "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City 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.

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>	Address	Type of Action
MGRM	Krista Zivkovic	2604 Fairmont Cove Ct. Cape Coral, FL 33991	✓ Add Remove
			Add Remove
			Add Remove
			CRETION OF
			PS A Populove
D. If amend	ling any other information, enter	r change(s) here: (Attach additional sheets, if nec	essary.)
		ΔN]]	
Dated	3 8 ,	member or authorized representative of a member	
		Robert Zivkovic  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00