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. (Re	questor's Name)	
/A d	dress)	
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PICK-UP	☐ WAIT	MAIL .
(Ви	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

FEB 2 6 2009

**EXAMINER** 

## **COVER LETTER**

Division of Cor	porations		
SUBJECT: RL & R	REALTY OF FORT	MYERS LLC	D.
SUBJECT:		ited Liability Company)	<del>-</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROBERT J. REDAR		
		(Name of Person)	
	OWNER		
		(Firm/Company)	
	12419 CROOKED CREE	EK	
		(Address)	
	FORT MYERS, FL 3391:	3	
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
	vincerning and matter, product o	••••	
ROBERT J. REDAR		at ( 239 ) 275-5755	
(Name	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for the	he 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

TO:

Registration Section

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

RL & R REALTY OF FORT MYERS  (Name of the Limited L  (A F		ny as it now appears on Liability Company)	our records.)	<del></del>	
The Articles of Organization for this Limited Liab	oility Company	were filed on JULY 1	1, 2005	_ and assigne	∌d
This amendment is submitted to amend the follow	ving:				
A. If amending name, <u>enter the new name of t</u>	<u>he limited liab</u>	oility company here:			
The new name must be distinguishable and end with 'L.L.C."	the words "Limi	ited Liability Company,"	the designation "LLC	or the abbr	eviation
Enter new principal offices address, if applicab	ole:	5781 LEE BLVD, SU	JITE # 208-228	09	SEAID
Principal office address MUST BE A STREET	ADDRESS)	LEHIGH ACRES, FI	_ 33971	83.	黑黑
				25	OF A
Enter new mailing address, if applicable:		5781 LEE BLVD, SI	JITE # 208-228	AM	SECRETARY OF STATE
Mailing address MAY BE A POST OFFICE BOX)		LEHIGH ACRES, FI	_ 33971	53	SAIONS AIV
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered of the address her ROBERT J. R	<b>e:</b>	records, <u>enter the</u>	name of th	ię new
New Registered Office Address:	12419 CROC	OKED CREEK	Florida street addre		
	FORT MYERS	,	, Florida 33913	•	
	<del></del>	(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.

(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	ELEANOR REDAR	5781 LEE BLVD. STE # 208 - 228 LEHIGH ACRES, FL 33971	Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
<u>s</u>	END ALL MAIL TO: 12419 CROOKED C	REEK	
  Dated	2/21/09, Robert (	33913 	SECRETARY OF STATE DIVISION OF CORPORATIONS  09 FEB 25 AMII: 53
	ROBERT J. REDAR	er or authorized representative of a member	<del></del>

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Filing Fee: \$25.00