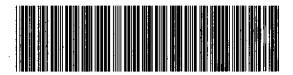
(Re	equestor's Name)		
(Ad	ldress)		
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(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
(DC	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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03/26/10--01019--006 **30.00

COVER LETTER

Registration Section

Division of Corporations				
SUBJECT:		AL ESTATE ADVISOR	25, LLC	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
		ROBERT SIMPSON Name of Person	,	
	<u> </u>	TAIL REAL ESTATE AD. Firm/Company	115016	
	7057 N	Address	5	
		City/State and Zip Code		
		es a ol. com to be used for future annual report notific	cation)	
_	ncerning this matter, please o			
KOBELT S	Person	at (<u>954)</u> 608 – Area Code & Daytime	2817 Telephone Number	
Enclosed is a check for the)			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 Section 1 Section 2 Sectio	
Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations c 6327 see, FL 32314	STREET/COURT Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle	

ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION**

FILED

	OF	10 MAR 26 PM 12: 28
Retail Real (Name of the Limited Liability (A Florida L	Estate Ad	VISOR SALLAHASSEE FLOORS
(A Florida L	imited Liability Company	
The Articles of Organization for this Limited Liability Co	ompany were filed on	9/14/2005 and assigned
Florida document number <u>L0500092</u>	J77	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company b	<u>ere</u> :
Simpson Co	NU SULTING (GROUP LLC
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		NIA
(Principal office address MUST BE A STREET ADDR	ESS)	
·		
		.1.
Enter new mailing address, if applicable:		NIA
(Mailing address MAY BE A POST OFFICE BOX)	 _	
		
B. If amending the registered agent and/or registored agent and/or the new registered office addr	ered office address on <u>ess here</u> :	our records, enter the name of the new
		. 1 4
Name of New Registered Agent:		NIA
New Registered Office Address:		
	1	Enter Florida street address
		, Florida
•	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a the provisions of all statutes relative to the proper and accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	d complete performand ent as provided for in (ce of my duties, and I am familiar with and Chapter 608, F.S. Or, if this document is
	Te Classification in the control of	NIM
	If Changing Registered A	gent, 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> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			□ p
		NIA	Add Remove
	AMPLIANT CO. CO.		Add Remove
			☐Add ☐Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
D. If am	ending any other inforn	nation, enter change(s) here: (Attach additional she	ets, if necessary.)
		NA	FILED 10 MAR 26 PM 12: 7 SEURETARY OF STA TALLAHASSEE, FLOR
Dated	March 2:	3	ATE ORIDA
		Ralet C Suranising Signature of a member or authorized representative of a m	ember
		Robert C. Simpson Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00