L0600020076

(Reque	stor's Name)		
(Addres	55)		
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(City/SI	tate/Zip/Phone #	¥)	
PICK-UP	WAIT	MAIL	
(Busine	ess Entity Name	e)	
(Document Number)			
Certified Copies	Certificates of	of Status	
Special Instructions to Filir	ng Officer:		
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SECRE JARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2009

INVESTMENT REALTY ADVISORS, LLC 999 BRICKELL AVENUE SUITE 700 MIAMI, FL 33131

SUBJECT: INVESTMENT REALTY ADVISORS, LLC

Ref. Number: L06000020076

We have received your document for INVESTMENT REALTY ADVISORS, LLC and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 909A00032366

COVER LETTER

TÖ:

Registration Section

Division of C	orporations			
SUBJECT:	INVESTMENT R	EALTY ADVISORS, I	II C	
SUBJECT:		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
		Robert K. Brooks		
		Name of Person		
		Brooks Law Firm, PA		
		Firm/Company		
	999	Brickell Avenue, Ste. 70	0	
		Address		
		Miami, FL 33131		
		City/State and Zip Code		
	rbro	oks@brookslawfirm.net		
		to be used for future annual report r	notification)	
For further information	concerning this matter, please	call:		
Rob	ert Keith Brooks	at (305)	371-8535	
Name	of Person	Area Code & Day	ytime Telephone Number	
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 enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g e Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

09 OCT 12 AMII: 22

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

INVEST	MENT REAL	<u>TY ADVISOF</u>	RS, LLC	HASSEE, FLORIDA
(Name of the Limited	A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I.	were filed on	02/23/2006	and assigned	
Florida document numberL0600002	0076			•
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	f the limited liab	oility company her	re:	
INVESTME	NT REALTY I	NTERNATION	AL, LLC	
The new name must be distinguishable and end w "L.L.C."	th the words "Lim	ited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		999 Brickell Avenue, Ste. 700		
(Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33131		
Enter new mailing address, if applicable:		999 Brickell A	Avenue, Ste. 700	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33131		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	our records, enter t	the name of the new
New Registered Office Address:	999 Brickell	Avenue, Ste. 7		
		Enter Florida street address		
		Miami,	, Florida	33131
		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, FS 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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Add Remove
			Remove
<u> </u>			- D
			Add Remove
			——————————————————————————————————————
			Add Remove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if neces	ssary.)
			TA:
			NACEREI SECREI TALLAHI
			TARY IZ
			AM II: 22 OF STATE E. FLORID.
Dated	048	2009.	ATE RIDA
	Signature of a m	nember or authorized representative of a member	
		Robert Keith Brooks Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00