106000021951

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corpor	n ations		
SUBJECT:	Realty E	Xchange LLC ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	David	Petrovsik	
	Realty	Name of Person	<u></u>
	800 Belle	Terre PKWy Address	Site110
	Palm (CAST FU 30	2164
-		City/State and Zip Code CXCO (COM o be used for future annual report notifi	ication)
For further information conc			······································
David P. Pr		at (386) 627	3162 Telephone Number
Name of Pe	rson	Area Coue Dayinne	relephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	S30.00 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

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

Realty Exchange	L L C	
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Co	ompany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number \(\begin{align*} \lambde \O	d on March 15+20016	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compan	ny," the designation "LLC" or the abbreviat	ion "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 dadress MAT BE A POST OFFICE BOX)		
	ress on our records, <u>enter the n</u>	ame of the new
registered agent and/or the new registered office address nere.		. <u></u>
	<u> </u>	2
Name of New Registered Agent:	<u> </u>	<u> </u>
New Registered Office Address	\$5 \$3	20
E	Enter Florida street address	P (11)
City	, Florida	Codes
·	- constant of the constant of	-
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida	15 NOV 20 AM 10:201

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 605, 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

MGR = M $AMBR = A$	Anager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Julie Sabine	64 Fleming CT	
		Palm Coast FL 32/37	7_□ Remove
			Change
MGR	David P. Petkorstk	307 N 12+4 ST.	
		Flagler Beach FL37	3 6 □ Remove
	•		henge
MOR	Deboreh A. Patkovic	K 307 N 12 th ST.	
		K 307 N 12 th ST. Floyler Brack FL 32	7 3 b □ Remove
			D Change
			D Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			CIE -
		336	Charles No.
			Remove
			□ Change
			□ Add
			Remove
			□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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Page 3 of 3

Filing Fee: \$25.00