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G. MCLEOD

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EXAMINER



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: R	EALTY MASTER S Name of Limit	RESIDENTIAL, LL ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Don	GINSBURG Name of Person	
		Name of Person MASTERS Firm/Company	
		V, POWERLINE RI	<u> </u>
	FT. LAN	City/State and Zip Code 2 @ BETL SOUTH o be used for future annual report notificati	_ 333//
	E-mail address: (t	o be used for future annual report notificati	on)
For further information co	oncerning this matter, please c	all:	
D ow Name of	GWSBUR G	at (954) 8 6 Area Code & Daytime Te	8 - 7/02 elephone Number
Enclosed is a check for the	e 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

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

KEARTY MASTERS	REGIDENTIAZ	, LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on or Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Compar	···	and assigned	
Florida document number <u>L 06000335</u> .7	7		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li:	ability company here:		
REALTY MASTERS 2 A	DUTSORS		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," th	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		SEC#	
		3 7 3 3 3 3 3 3 3 3 3 3	
Enter new mailing address, if applicable:		CORP.	
(Mailing address MAY BE A POST OFFICE BOX)	**************************************	7 24	
		あ また。	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have		cords, <u>enter the name of the new</u>	
Name of New Registered Agent:	······································		
New Registered Office Address:			
	Enter Florida street address		
	Circ	, Florida	
	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 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 Title **Address** Type of Action Name MERM Remove MGR Remove ☐ Add ☐ Remove ∏Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_

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Typed or printed name of signee

Filing Fee: \$25.00