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A. LUNT

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**EXAMINER** 

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Realty Master Name of Limit	rs 2 advisors, ed Liability Company	LLC_	
The enclosed Articles of Amendment and fee(s) are subsplease return all correspondence concerning this matter	-	2H2 KAV SECSCO	erma y
<u>Don al</u>	d Ginsburg Name of Person	28 PH 2	
Realtymas	sters 2 advisor	S. LLC	- Censuer
1015 n Pou	Ulrine Road Address		
	City/State and Zip Code	<del></del>	
	Obe used for future annual report notificati		, '3,1-
For further information concerning this matter, please ca	all:		
Donald Ginsburg Name of Person	at (954) 862.75 Area Code & Daytime Te	34 elephone Number	,
Enclosed is a check for the following amount:			
□ \$25.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy	

MAILING ADDRESS:

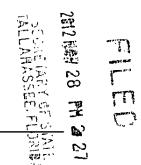
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Realty Masters 2 advisors LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 31301200 and assigned Florida document number L0 60003357.7

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the lin	mited liability company here:	
_ Realty masters adv	visors. LLC	,
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
Ditter new maning address, it appreadic.		<del>-</del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Mai	naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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If amending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)	
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nov. , 2012.		28 28
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Signature of a member of authorized representative of a member	>	27
Donald Ginchurg  Typed or printed reme of signee		

Page 3 of 3

Filing Fee: \$25.00