## LOW0057/13

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	<b>→</b> #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to I	Filing Officer:			

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D. BRUCE

MAY - 6 2010

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2010

HEATHER O'BRIEN PO BOX 6129 DELRAY BEACH, FL 33482

SUBJECT: REI MARKETING, LLC Ref. Number: L06000057113

We have received your document for REI MARKETING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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 cat (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 210A00011098

## **COVER LETTER**

TO: Registration Division of C	Section *	,		
	REI MARKETI	NG, LLC		
SUBJECT:	Name of Lim	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:		
		Heather O'Brien		
		Name of Person		
		Firm/Company		
		PO Box 6129		<b>本点 1</b>
	De	elray Beach, FL, 33482		LLAHASS
		City/State and Zip Code		
For fort win formation	f:-mail address: (	ather@mypropfolio.com to be used for future annual report notific	cation)	AH 10: 38 OF STATE
	concerning this matter, please of			Dri w
	eather O'Brien of Person	at (_408_) Area Code & Daytime	5051324 Telephone Number	<del></del>
Enclosed is a check for	the following amount:			
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Regis	LING ADDRESS: stration Section	STREET/COURIE Registration Section Division of Corners	ı	

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REI Marke	eting, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on06/02/2006	and assigned
Florida document number L06000057113		
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	2505 NW Boca Raton Blvd	Ste 205
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL,	3343±
Enter new mailing address, if applicable:	PO Box 6129	SAN U
(Mailing address MAY BE A POST OFFICE BOX)	Delray Beach, FL, 33482	CO A
		Los es C
	_	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter</u> e:	the name of the new
	<u>-</u> -	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
	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 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:

Title	<u>Name</u>	Address	Type of Action
1	Heather O'Brien	2626 Estella Dr. Santa Clara, CA, 95051	✓ Add Remove
<u></u>			
			— r,
· · · · · · · · · · · · · · · · · · ·			TT D agrange
D. If amer	nding any other information, enter	change(s) here: (Attach additional sheets	.if necessary .B. L. A. A. A. S. S. A. A. S.
-			AM ES 38
Dated	April 8	2010	

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00