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EXAMINER

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2010

ROBERT OWENS 485 NORTH EAST 128 STREET MIAMI, FL 33161

SUBJECT: OREI REAL ESTATE, LLC

Ref. Number: L06000070759

We have received your document for OREI REAL ESTATE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 010A00028987

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COVER LETTER

2,

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Division of C	Corporations				
SUBJECT:	OREI RE	AL ESTATE, LLC			
	Name of Lin	Name of Limited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	ibmitted for filing.			
Please return all corre	spondence concerning this matte	er to the following:			
	·	ROBERT OWENS			
	•	Name of Person			
	OWENS ORGANIZATION, LLC Firm/Company				
		Address	78 Z		
	NORT	TH MIAMI, FLORIDA 33161	ZBIO DEC SECRETA		
	City/State and Zip Code				
	RVOW	ENS@OWENSGROUP.ORG	23 \$\$ET		
	E-mail address:	(to be used for future annual report notific	ation)		
For further informatio	n concerning this matter, please	call:			
RC	OBERT OWENS	at (_888_)3	45-7454 S		
Name of Person		Area Code & Daytime			
Enclosed is a check fo	or the following amount:				
\$25.00 Filing Fee	▼ \$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
-			(additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIE			
		Registration Section Division of Corpora			

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited 1)	EI REAL E	STATE, LLC ny as it now appears on Liability Company)	our records.)				
The Articles of Organization for this Limited Lia Florida document number		were filed on0	7/13/2006	and ass	igned		
This amendment is submitted to amend the follow	wing:						
A. If amending name, enter the new name of	the limited liab	ility company here:					
TH	E OREI COM	MPANY, LLC					
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability Company,"	the designation "	LLC" or the a	bbreviation		
Enter new principal offices address, if applica	ble:	20717 NORTH W	EST 2ND A	VENUE E			
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FLORIDA			7		
				ASS ASS	١.		
				ministration in the	,		
Enter new mailing address, if applicable:		19821 NORTH WEST 2ND AVENUE					
(Mailing address MAY BE A POST OFFICE BOX)		SUITE: 352			7		
		MIAMI, FLORIDA	33169	>-			
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered of ce address her	fice address on our r <u>e</u> :	ecords, <u>enter</u>	the name o	f the new		
Name of New Registered Agent:	ROBERT O	WENS					
New Registered Office Address: 20717 NORTH WEST 2ND AVENUE							
	Enter Florida street address						
		MIAMI	, Florida	33169			
		City		Zip Code			
New Registered Agent's Signature, if changing Re	gistered 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 states. 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 = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action MGR **ROBERT OWENS** 485 NORTH EAST 128 STREET Add NORTH MIAMI, FLORIDA, 33161 Remove OWENS ORGANIZATION MGRM 485 NORTH EAST 128 STREET Add ☐ Remove NORTH MIAMI, FLORIDA 33161 ☐ Add Remove Add Remove □Add Remove Add |Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) = 当の Ç E LU ഗ DECEMBER 20 2010 Dated Signature of a member or authorized representative of a member **ROBERT OWENS** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00