

L06000070759

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 30 AM 11:16

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D. BRUCE
APR 02 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE OREI COMPANY
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT OWENS

Name of Person

OWENS ORGANIZATION

Firm/Company

485 NORTH EAST 128TH STREET

Address

MIAMI, FLOR DA 33161

City/State and Zip Code

ROWENS@RVOWENS.COM

E mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT "RV" OWENS

Name of Person

at (305)

742 6187
Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the 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**

THE OREI COMPANY

(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 07/13/2006 and assigned Florida document number L06000070759.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OREI & ASSOCIATES, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10031 PINES BOULEVARD
SUITE: 214
PEMBROKE PINES, FLORIDA 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10031 PINES BOULEVARD
SUITE: 214
PEMBROKE PINES, FLORIDA 33024

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REGISTRAR OF STATE
AFFAIRS
FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ROBERT V. OWENS

New Registered Office Address:

485 NORTH EAST 128TH STREET

Enter Florida street address

NORTH MIAMI

, Florida

33161

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:

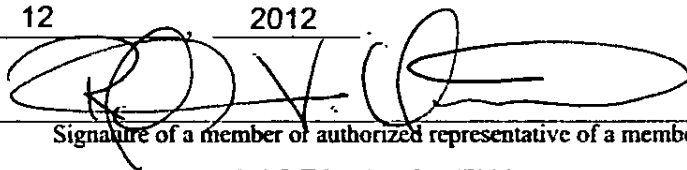
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OWENS, ROBERT V.	485 NORTH EAST 128TH STREET NORTH MIAMI, FLORIDA 33161	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	OWENS ORGANIZATION	485 NORTH EAST 128TH STREET NORTH MIAMI, FLORIDA 33161	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 12 MAR 30 AM 11:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated MARCH 12 2012



 Signature of a member or authorized representative of a member
 ROBERT V. OWENS

 Typed or printed name of signee