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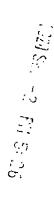
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COVER LETTER

	Registration S Division of Co			
SUBJEC	CHARLE:	S RUTENBERG REALTY - OI	RLANDO, LLC	
SUBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		MICHAEL J. HEATH		
			Name of Person	
		LAW OFFICES OF MICH	IAEL J. HEATH, PA	
			Firm/Company	
		167 108TH AVE		
			Address	
		TREASURE ISLAND, FL	. 33706	
			City/State and Zip Code	
		joann@jnestor.com		
		E-mail address: (to be used for future annual report not	tification)
For furth	er information	concerning this matter, please ca	all:	
MICHAI	EL J. HEATH		727 360-2771	
	Name	of Person	Area Code Daytir	nc Telephone Number
Enclosed	is a check for t	the following amount:		
■ \$25.6	00 Filing Fee	S30.00 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 Addre Registration		<u>Street Address:</u> Registration Se	ection
	Division of C	Corporations	Division of Co	
	P.O. Box 63:		The Centre of	
	Tallahassee.	rt 32314	7415 N. Monro	ne Street, Suite STA

Tallahassee, FL 32303

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

DBS -2 77 5:06

CHARLES RUTENBERG REALTY - ORLANDO, 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 Florida document number L06000079162	ty Company	were filed on	08/10/2006		and assigned
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the l	limited liabi	ility company	<u>here</u> :		
The new name must be distinguishable and contain the words "I	'Limited Liabil	ity Company," th	e designation "LI	LC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Σ				
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office a re:	ddress on our	records, <u>ente</u>	er the name	of the new registered
Name of New Registered Agent:				_	_
New Registered Office Address:		Enter F	lorida sıreet addr	ress	
			ī	Florida	
		City	, ·	Florida	Zip Code
New Registered Agent's Signature, if changing Registe	ered 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	μ = 3. = 0 PH 5: 2 <u>Address</u>	Type of Action
MGR	JAMES BATENCHUK	227 SHADY OAKS CIR	□Add
		LAKE MARY, FL 32716	\
			□Change
			□Add
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Effect	ive date, if other than the date of filing: (optional)
f an ef	ective date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is fi	led.
Dated	
GN KG	
איינא	
آس)	

Filing Fee: \$25.00

Typed or printed name of signee