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COVER LETTER

	TO: Registration Section Division of Corporations				
SHBIEC	CHARLES	RUTENBERG REALTY ASS	SOCIATES ORLANDO, LLC		
SUBJECT:Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing		
		ondence concerning this matter	_		
		MICHAEL J. HEATH			
			Name of Person		
		LAW OFFICES OF MICH	IAEL J. HEATH, PA		
	Finil/Company				
		167 108TH AVE			
	Address				
	TREASURE ISLAND, FL 33706				
			City/State and Zip Code		
		joann@jnestor.com		_	
			to be used for future annual report not	ification)	
For furthe	r information c	concerning this matter, please c	all:		
MICHAE	L J. HEATH		727 360-2771		
	Name o	f Person		ne Telephone Number	
Enclosed	is a check for the	he following amount:			
≣ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection		
Division of Corporations			Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11.18 -1 1.15:27

CHARLES RUTENBERG REALTY ASSOCIATES 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 Con Florida document number <u>L06000079167</u>		2006 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our reco	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	rreei address
		, Florida Zip Code
New Registered Agent's Signature, if changing Registered A		Zip Code
•		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my int as provided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is
	If Changing Registered Agent,	Signature of New Registered Agent

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>	د یا ک Address	
MGR	JAMES BATENCHUK	227 SHADY OAKS CIR	□Add
		LAKE MARY, FL 32716	
			ClChange
			□Add
			□Remove
			Change
			□Add
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			□ Change

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If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applied document's effective date on the Department of State's records	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(cable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective record is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	·
Signature of a member or auth	norized representative of a member
JOANN NESTOR	

Filing Fee: \$25.00

Typed or printed name of signee