## 106000088143

(Requestor's Name)					
(Address)					
(Address)					
,					
(0) (0) (7) (0)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(======================================					
Control Control					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					

Office Use Only



100138142061

11/21/08--01044--005 \*\*25.00

OB NOV 21 AN IO: L

D. BRUCE

NOV 2 4 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Florida I	Real Estate Group	of Central FL LLc				₽
	(Name of Lim	ited Liability Company)				
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspor	ndence concerning this matter	to the following:				
	Sanya Avaspour					
		(Name of Person)				
	Florida Real Estate Grou	up of Central FL LL c				
	Tionda Real Estate Groc	(Firm/Company)				
	1173 Elm Street					
		(Address)		ZE SE	80	
	Oviedo FL 32765				NON	
		(City/State and Zip Code)		ASS.	12	
						ITI
For further information co	oncerning this matter, please c	ali:		1015 715 715	(A)	
Sanya Avaspour		at ( 407 ) 310-5458		震而	<del>-</del>	
(Name of	(Name of Person) (Area Code & Daytime Telephone Numb					
Enclosed is a check for the	e following amount:					
<b>Z</b> \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified (additional	of State Copy		osed)

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

(Name of the Limited Liability	Company as it now appears on our recollimited Liability Company)	ords.)		
(A Florida I	Limited Liability Company)			
The Articles of Organization for this Limited Liability C	ompany were filed on 09/08/2006	and assigned		
Florida document number L06000088143				
This are an increased in an increased to a proper defend followings.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," the design	gnation "LLC" or the abbreviat id		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	(ESS)			
		(C)		
Enter new mailing address, if applicable:		ÇÃ ₹ TI		
(Mailing address MAY BE A POST OFFICE BOX)		85 2 E		
•				
B. If amending the registered agent and/or regist				
registered agent and/or the new registered office add	ress here:	,		
Name of New Registered Agent:		<u>.                                    </u>		
New Registered Office Address:				
	(Enter Florida	(Enter Florida street address)		
	, Flo	orida		
<del>,, _,</del>	(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 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 Type of Action Title Name Address MGRM Sanya Avaspour <u></u> Add 1173 Elm Street Oviedo FL 32765 Remove Babak Negahban 1173 Elm Street MGR Add Add Oviedo FL 32765 Remove Jon Feshan 1173 Elm St Oviedo FL32765 Director Remove ☐ Add Remove \_\_\_ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 22, Signature of a member or authorized representative of a member Babak Negahban Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00