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(Requestor's Name)		
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(City/State/Zip/Phone #)		
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(Business Entity Name)		
(Document Number)		
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EXAMINER



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SECRETARY OF STATE
OIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Central Florida's Top Producing Realty, LLC (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:
Ryan Gaston (Name of Person)
Exsellent Realty, LLC (Firm/Company)
258 East Altonore Drive, Suite 2001 (Address)
Altonole Springs F1 32701 (City/State and Zipreode)
For further information concerning this matter, please call:
Ryon Gaston at (321) 139-5546 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sim \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\sim \text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

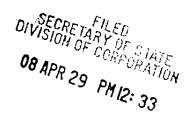
STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Zip Code)

(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 L	iability Company were filed on 911812006 and assigned
Florida document number <u>L0(a00009</u>	•
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name o	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Company," the designation "LLC" or the abbreviation
B. If amending the registered agent and/ registered agent and/or the new registered or	or registered office address on our records, enter the name of the new ffice address here:
Name of New Registered Agent:	Ryon Gaston
New Registered Office Address:	258 East Altonoxe Drive Ste 200 (Enter Florida street address)
	Altononic Springs Florida 32701

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.

(City)

(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:

	Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	<u> </u>		Add Remove
			Add Remove
	<u> </u>		Add Remove
_	-		Add Remove
			Add Remove
D. If an		n, enter change(s) here: (Attach	
	25 A1:	8 East Alternante tomonte Spring	address to: e Prive, Suite 2001 s, FL 32701
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Dated _	,	12	
	Signat	Typed or printed name of s	sten

Page 2 of 2

Filing Fee: \$25.00