## L07000011507

(Re	questor's Name)	
(Ad	dress)	-
——————————————————————————————————————	dress)	
(/ 12	u.000)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
	ain and Entity No.	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
		•
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

то:		on Section of Corporations		
SUBJ	ECT•	HIS RE	ALTY, LLC.	
5013	EC1	(Name of Li	mited Liability Company)	
		cles of Amendment and fee(s) are su	_	
		Sus	ana Nava	
			Name of Person)	ter-mark ter-make with Aprilland 20-100 miles
		HIS	REALTY,LLC.	
	(Firm/Company)			
		2652 ATT	LEBORO PLACE	
		The state of the s	(Address)	
		APOF	PKA,FL. 32703	
		(City	/State and Zip Code)	
For fu	rther inform	ation concerning this matter, please	call:	
		SUSANA NAVA	at ( 407 ) 463	- 5904
	***************************************	(Name of Person)	at (407 463 · (Area Code & Daytime	Telephone Number)
Enclose	ed is a check	for the following amount:		
<b>√</b> \$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 Fallahassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

07 APR -5 AM IO: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## HIS REALTY, LLC.

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on JANUARY 31, 2007 and assigned document number L07000011507			
SECOND:	This amendment is submitted to amend the following:  Company Change of address:  Old Address: 1655 east Semoran Blvd suite #1 Apopka, FL. 32703			
	NEW PRINCIPAL OFFICE ADDRESS OF HIS REALTY,LLC. IS:			
	2652 ATTLEBORO PLACE APOPKA,FL. 32703			
Dated	APRIL 2 , 2007 .			
	Leisana m			
	Signature of a member or authorized representative of a member			
	SUSANA NAVA			
Typed or printed name of signee				

Filing Fee: \$25.00