L07000013507

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08 OCT 20 PH 1: 47

J. BRYAN

OCT 2 1 2008

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: IN	Vesturs Real (Name of Limited	Estate Manag	e Ment, Li	LC
•				
The enclosed Articles of A	mendment and fee(s) are submitt	ed for filing.		
Please return all correspon	dence concerning this matter to the	he following:		
	Becky Ti		_	
	Investors k	<u>Peal Estate</u> (Firm/Company)		
	1701 Tenr	1es)ee Ave s	u.te 200	80 SIAIS
	Lynn Have	ty/State and Zip Code)		OR OCT 20 PH 1: 47
For further information co	ncerning this matter, please call:			OF ST
Becky T	Ilman Person)	at (<u>856) 248 - 36 (</u> (Area Code & Daytime T	2 () elephone Number)	ATIONS
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &

MAILING ADDRESS:

TO:

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

Investors Real (Name of the Limited Liabilia)	Estate Manage ty Company as it now appears of Limited Liability Company)	ment LLC
The Articles of Organization for this Limited Liability Florida document number <u>L07000013507</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and end with the w- "L.L.C."	ords "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		08
(Principal office address MUST BE A STREET ADD	RESS)	00 100
		720
Enter new mailing address, if applicable:		PH I
(Mailing address MAY BE A POST OFFICE BOX)		TIONS
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		•
	(Enter	Florida street address)
		, Florida
	(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Title . Name **Address Type of Action** ☐ Add Remove _ Add Remove □ Add ☐ Remove 🗖 Add Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _

Page 2 of 2

Filing Fee: \$25.00