

L070000044107

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DEC 23 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RE/MAX RITZ LTD., CO.
(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:

VALERIE A. JONES

(Name of Person)

RE/MAX AT THE PARKS, L.L.C.

(Firm/Company)

1051 WINDERLEY PLACE SUITE#100

(Address)

MAITLAND, FL 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

VALERIE A JONES

(Name of Person)

at (407) 215 1099

(Area Code & Daytime Telephone Number)

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 Fee,
Certificate of Status &
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**

RE/MAX RITZ LTD., CO

(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 Company were filed on 4/25/2007 and assigned
Florida document number L07000044107.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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:

MGR = Manager
MGRM = Managing Member

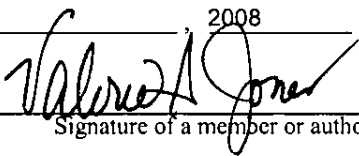
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	VALERIE A JONES	1300 BARNWOOD PLACE APOPKA, FL 32712	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JEFFREY H KOCH	4401 SILVER WILLOW COURT ORLANDO, FL 32835	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	STATES W COYLE	412 S COUNTRY CLUB DR ATLANTIS, FL 33462	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated DECEMBER 15

2008



Signature of a member or authorized representative of a member

VALERIE A JONES

Typed or printed name of signee

DBPR RE-2000 – Application Requirements

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**1940 North Monroe Street
Tallahassee, FL 32399-0783**

Application requirements vary depending on the license type being applied for. The following table provides detail of the required forms for the various types of applications. You can also apply or renew licenses online and make payments by credit card by viewing the **DBPR Online Services** section located at www.myfloridalicense.com/dbpr. If you have any questions or need assistance in completing your application, please contact the Customer Contact Center at (850) 487-1395.

Please submit this checklist with your application.

Check Action Requested (Continued)	License Type	Application Fee	Required Forms (By Form Number)
<input type="checkbox"/>	Instructor – Real Estate	\$105.00	0010, 0050-1, 0060-1, 2000, 2010-b, 2030
<input type="checkbox"/>	Instructor – Residential Appraisal	\$105.00	0010, 0050-1, 0060-1, 2000, 2010-a, 2040
<input type="checkbox"/>	Instructor – General Appraisal	\$105.00	0010, 0050-1, 0060-1, 2000, 2010-a, 2040
<input type="checkbox"/>	School Chief Administrator	\$85.00	0010, 2000, 2070
<input type="checkbox"/>	New Corporations/ LLC/ Partnerships	\$95.00	0020-1, 0040, 2000, 2050, 2100 (Optional)
<input type="checkbox"/>	New Branch Office	\$85.00	2000, 2100, 0020-1
<input type="checkbox"/>	New School	\$135.00	0020-1, 0040, 2000, 2070
<input type="checkbox"/>	School Additional Location	\$50.00	0020-1, 2000, 2100
<input checked="" type="checkbox"/>	Corporate Amendment	NO FEE	0020-1, 0040, 2000, 2050
<input type="checkbox"/>	Sole Proprietor	NO FEE	0080-1, 2000, 2050

- Checks and Money Orders are accepted for applications received by mail.
- Please make checks or money orders payable to **DBPR - Division of Real Estate**.
- Please address mail to **DBPR – Bureau of Central Intake & Licensure** at the address listed on this form.