L07000051684

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ALLAHASSEE, FLOORIFA

COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	H & R RE	ALTY INVESTMENTS, L	LC	
50 5 000		nited Liability Company)		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	MAR	(KING		
		(Name of Person)		
		(Firm/Company)		
4367 N FEDERAL HIGHWAY STE 200			₹ _S	from3 fixia
		(Address)	LAH	
	FORT LAUD	FORT LAUDERDALE, FLORIDA 33308		
•		(City/State and Zip Code)	in a	o in
For further informatio	n concerning this matter, please o	eall:	STAFE) : 5
MARK KING		at (954 ₎ 351-7776		
(Nan	ne of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check fo	r the following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Contact (additional of Certified Contact)	of Status &

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

	EALTY INVESTMENTS,		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appe imited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	MAY 15, 2007	and assigned
Florida document number L07000051684	_·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limi</u>	ted liability company h	e <u>re</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Com	pany," the designation	"LLC" or the abbreviatio
Enter new principal offices address, if applicable:			-i
(Principal office address MUST BE A STREET ADDR	ESS)	Ĺ	Ziiiii
		<i>y</i>	- R 23
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	=.		
		200	2 2
B. If amending the registered agent and/or registored agent and/or the new registered office addr		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	Enter Florida street a	ddress)
	(,		nui cooj
	(City)	, Florida _	(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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RONALD MULINIX	14130 RICHWOOD PLACE DAVIE, FL 33325	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if neces	ssary.)
		·	TALLAH
 	June 19 , 20	>01 .	JUN 23 P ASSEE, FI
	Medi	er or alutyorized representative of a member	1: 5 1: 5
		HEIDI MULINIX d or printed name of signee	

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Filing Fee: \$25.00