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2009 JUL 27 PH 2: 51
SECRETARY OF STATE

C. LEWIS

JUL 2 8 2009

EXAMINER

COVER LETTER

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Division of Corporations			
SUBJECT: Rhoads Stephens Real Estate Group, 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:			
Russell W. Rhoads or Brian N. Stephens Name of Person Rhoads Stephens Real Estate Group, LLC Firm/Company 3131 Flightline Drive, Suite 316 Address Lake land FC 33811 City/State and Zip Code Pshanno120gmail.com			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
Detricia A - Shannon Name of Person at (863) 688 - 8830 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount: \$\begin{align*} \$25.00 \text{ Filing Fee} & \begin{align*} \$30.00 \text{ Filing Fee} & \begin{align*} \$Certificate of Status & \begin{align*} \$Certified Copy & Certified Copy & Cer			

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

FILED

2009 JUL 27 PM 2: 52

Rhoads Slephens Real Estate Ecroup, LLC SECRETARY OF STATE TALLAHAS SEE, FLORIDA (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 0 18 2007 and assigned
Florida document number L07000095328	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
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 of	fine address on our forest outer the same of the same
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 agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p	lete performance of my duties, and I am familiar with and
being filed to merely reflect a change in the registered office 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 Title **Name Address Type of Action** Remove ☐ Add Remove ☐ Add Remove Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 201 Dated Signature of a member or authorized representative of a member Britan N. Slephens Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00