L08000000520

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ON APR 18 PM 1: 22

J. BRYAN

APR 2 1 2008

EXAMINER

COVER LETTER

TO: I	Registration S Division of Co	Section orporations		
SUBJEC	T: RENT	SALE 1 REALTY RPB		
		(Name of Lin	nited Liability Company)	
The enclo	sed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please ret	urn all corresp	oondence concerning this matter	r to the following:	
		CONNIE DAVY	٨	
			(Name of Person)	
		RENT 1 SALE 1 RE		
			(Firm/Company)	8
		11328 OKEECHOBI	EE BLVD. #5	08 APR 18
			(Address)	18 CA
		ROYAL PALM BEA	CH. FL. 33411	APR 18 PH 1: 20
			(City/State and Zip Code)	
For furthe	er information	concerning this matter, please o	call:	3 3
CONNI	E DAVY		at (561) 793-3909	
	(Name	e of Person)	(Area Code & Daytime	Felephone 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)
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RENT 1 SALE 1 REALTY RPB LLC (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 JANUARY 2,2008 and assigned Florida document number L08000000520 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 "LLC". 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 (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 Type of Action **Title** <u>Name</u> Address MGR_ **CONNIE DAVY** 16139 E. EDINBURGH DR. ✓ Add LOXAHATCHEE, FL 33470 ☐ Remove _ Remove Remove Add Remove \Box Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 4-16 2008. Signature of a member or authorized representative of a member yped or printed name of signee

Page 2 of 2

Filing Fee: \$25.00