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SECRETARY OF STATE

T. HAMPTON

JIJL 2 8 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Luman Real	Estate Services LLC		
SOLUTE:		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub-	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Luis Guzman Name of Person			
Luman Group LLC Firm/Company				
		Address		
•		Miami, FL 33015 City/State and Zip Code		
	li .	uis@lumangroup.com		
	E-mail address: (to be used for future annual report notifica	ation)	
For further information	concerning this matter, please of	eatl:		
L	uis Guzman	(41 \	99-6994	
Name	of Person	Area Code & Daytime	relephone 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 3ox 6327 nassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cen Tallahassee, FL 3230	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luman Real Estate Serv	vices LLC			
(<u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability Co	ow appears or ompany)	our records.)	-	
The Articles of Organization for this Limited Liability Company were filed	d on	01/25/08	_ and assig	gned
Florida document numberL0800009243				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability comp	pany here:			
Continental Realtors L	LC			
The new name must be distinguishable and end with the words "Limited Liabili "L.L.C."	ity Company,	`the designation "LLC	C" or the ab	breviation
Enter new principal offices address, if applicable:				<u>ت</u>
(Principal office address MUST BE A STREET ADDRESS)				<u>1350</u>
·				≥ <u>R</u>
			27	PARE C
Enter new mailing address, if applicable:			2	DRY C
(Mailing address MAY BE A POST OFFICE BOX)			FŞ	OR ST
			179	32
				SNO
B. If amending the registered agent and/or registered office add	ress on our	records, enter the	name of	the new
registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:	Enton	Florida street addres		
	Enter .	rioriaa sireet aaares	SS	
72%		Florida	Zin Conde	
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	mager Managing Member		
<u>Title</u>	<u>Name</u>	Address .	Type of Action
<u></u>			Add Remove
			Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
 		hange(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SIVISION OF CORPORATIONS
Dated	July 22, 2010	ember or authorized representative of a member	
	Luis F. G	yped or printed name of signee	<u></u>

Page 2 of 2

Filing Fee: \$25.00