## L08000049280

(Requestor's	Name)	
(Address)		
(Address)		
(City/State/Zip	/Phone #)	
PICK-UP W	AIT MAIL	
(Business En	tity Name)	
(Document Number)		
Certified Copies Cert	ificates of Status	
Special Instructions to Filing Officer:		

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FILED

SECRETARY OF STATE
SECRETARY OF STATE

T. HAMPTON
JUL 2 1 2008
EXAMINER

## **COVER LETTER**

SUBJECT: Realtoro Real Estate Services LLC					
	(Name of Lim	ited Liability Company)			
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	Danila Crespi				
		(Name of Person)			
	Realtoro Real Estate So	envices II C			
	- Neartoro Moar Estate of	(Firm/Company)			
		,			
	2895-A Collins Ave	( ) 33			
		(Address)			
	Miami Beach Florida 331	40			
		(City/State and Zip Code)			
		•			
For further information cor	ncerning this matter, please c	all:			
Danielle Haar		at ( 786 ) 374-6438			
(Name of Person)		(Area Code & Daytime T	elephone 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** 

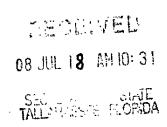
TO:

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





July 8, 2008

DANILA CRESPI REALTORO REAL ESTATE SERVICES, LLC 2895-A COLLINS AVE MIAMI BEACH, FL 33140

SUBJECT: REALTORO REAL ESTATE SERVICES, LLC

Ref. Number: L08000049280

We have received your document for REALTORO REAL ESTATE SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or manager of the limited liability company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 208A00040291

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Realtoro Real Estate Services,	LLC		
(Name of the Limite	d Liability Company as it r A Florida Limited Liability (	now appears on our records.) Company)	<del></del>
The Articles of Organization for this Limited	Liability Company were fil	ed on _05/16/2008	and assigned
Florida document number L08000049280	<del>.</del>		
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liability con	npany here:	
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	icable:		ARE LE T
(Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:			STATE FLORIDA
(Mailing address MAY BE A POST OFFICE	<u></u>		<del></del>
B. If amending the registered agent and registered agent and/or the new registered of		iress on our records, enter t	he name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	2895-A Collins Ave.	(Futur Flat 1 a state	\
		(Enter Florida street ada	ress)
	Miami Beach	, Florida <u>33</u>	
	(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)

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MGR = Manager

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:

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
,			Add Remove
<del></del>			Add Remove
			Add Remove
	<del></del>		Add Remove
D. If amend	ding any other information, enter chan		ry.) SEDREI
			ILED  18 PH 3: 4  ARY OF STATE  ASSER FLORIDA
Dated	7-15-08	· · · · · · · · · · · · · · · · · · ·	<del>^</del>
*	× ister	64/),_	
	Signature of a memb $\Delta_{A}$	er or authorized representative of a member NILA CRESPI	
		ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00