LO8000009305

(Requestor's Name)			
·			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(0.1), 0.11.12_(, 1.10.1.1.)			
PICK-UP WAIT MAIL			
_			
(Dusiness Saite Mann)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
L. SELLERS			
E. O.LLLI			
MAY 14 2010			
EXAMINER			

Office Use Only



600177887996

04/30/10--01023--013 **30.00

10 HAY 12 PH 12: 41
SECRETARY OF STATE

COVER LETTER

TO:

CR2E062 (08/05)

Registration Section

Division	of Corporations					
	iş:	12	:			
SUBJECT:	Real Retiremen	t Planning	2 & As	set Prote	ction LLC	
		of Limited Li				
				h)		
		• • • •	•			
Dear Sir or Madar	n:		•			
The enclosed Artic	cles of Correction and fee(s)	are submitted	for filing.	,		
Please return all co	orrespondence concerning th	is matter to the	followin	ng:		
	Foster D. McGarit	tv				
	Name of Person	-,		_		
	The Foster Agency	II C				
	Firm/Company			_		
			;			
	P.O. Box 600466	ŝ				
	Address	<u> </u>				
	- 10 A	. } \				
S	t Johns, Florida 3226	0-0466∷ .:	,			
	City/State and Zip Code			-		
			•			
	fostersoffice@aol.c	om	• • •			
E-mail addre	ess: (to be used for future and	nual report not	ification)			
		•	,			
For further inform	nation concerning this matter	nlease call:			,	
Tot factors missing		, p	•			
Fo	oster D. McGarity	at (904	.)	993-3002	
	Name of Person	`	Area Co	ode & Daytime	Telephone Number	
STREET/COUR	IER ADDRESS:			MAILING A	ADDRESS:	
Registration Section				Registration	Section	
Division of Corpo		•	•	Division of (Corporations	
Clifton Building				P.O. Box 63:		
2661 Executive Co				Tallahassee,	Florida 32314	
Tallahassee, Florid	da 32301					
Enclosed is a che	ck for the following amoun	nt:				
\$25 Filing Fee	\$30 Filing Fee & 1	7 \$55 E11	ng Fee &	🔲 ቁሪስ ድመ	ing Fee,	
	Certificate of Status				ate of Status &	
	Cotome of Status	50		Certifie		
	•		•		* *	



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2010

FOSTER D. MCGARITY P.O. BOX 600466 ST JOHNS, FL 32260-0466

SUBJECT: REAL RETIREMENT PLANNING & ASSET PROTECTION LLC

Ref. Number: L08000059205

We have received your document for REAL RETIREMENT PLANNING & ASSET PROTECTION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return 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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 010A00011125

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Real Retirement Planning & Asset Protection LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Flor	rida Limited Liability Company)		
The Articles of Organization for this Limited Liabili Florida document number		6-16-2008	and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>·e</u> :	
	e Foster Agency LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	iny," the designation "L	.LC" or the abbreviation
Enter new principal offices address, if applicable	• -	,	
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	egistered office address on c	our records, <u>enter t</u>	he name of the new
Tunio of New Registered Figure.		>	是 墨 刊
New Registered Office Address:	En	ter Florida street add	ress N
		्र , Florida <u>ः</u>	PR M
New Registered Agent's Signature, if changing Regis	City	- CURIOA	SZip Kinde

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 = Ma MGRM = N	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
		The state of the s	Add Remove
			Add Remove
	 		Add Remove
			Add Remove
		e training and the second seco	Add Remove
D. If amen	ding any other informati	on, enter change(s) here: (Attach additional shee	ets, if necessary.)
<u>-</u>			
_			
Dated	May 11		
	Sign	ature of a member or authorized representative of a me	mber
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00