080000W3559

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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12/18/09--01003--017 **25.00

T. HAMPTON

DEC 1 8 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: ALL Realty Central LLC								
Name of Limited Liability Company								
The enclosed Articles of Amendment and fee(s) are submitted for filling.								
Please return all correspondence concerning this matter to the following:								
Anneli Hartmann Name of Person								
Au Really Central LC Firm/Company								
1383 E. Dexter Drive								
Port Orange FL 32129 City/State and Zip Code Lee Sells Homes 40 @ aplican E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Anneli Helmann at (386) 589-5665 Name of Person Area Code & Daytime Telephone Number								
Enclosed is a check for the following amount:								
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} &								

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



RECEIVED

09 DEC 17 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 8, 2009

ANNELI HARTMANN 1383 E DEXTER DR PORT ORANGE, FL 32129

SUBJECT: ALL REALTY CENTRAL, LLC

Ref. Number: L08000062559

We have received your document for ALL REALTY CENTRAL, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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

Letter Number: 409A00037491

Division of Comparations D.O. DOV 6997 Mellahaman File 11- 90014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL Real+	ly Cen	tral LLC			
(Name of the Limited Liabil (A Florid	ity Company as a Limited Liabi	it now appears on output	our records.)		
The Articles of Organization for this Limited Liability Florida document number $L080000625$		e filed on <u></u>	84.9008	and as	signed
This amendment is submitted to amend the following:	;				
A. If amending name, enter the new name of the li	mited liability	company here:			
The new name must be distinguishable and end with the v	vords "Limited I	Liability Company," (he designation "L	LC" or the	abbreviation
"L.L.C."					=
Enter new principal offices address, if applicable:	_			9	<u> </u>
(Principal office address MUST BE A STREET AD)	DRESS)			<u>DE</u>	- 무중
				- 5	
				2	
Enter new mailing address, if applicable:				~	- C
(Mailing address MAY BE A POST OFFICE BOX)	_			¥	<u> 골</u> 쥬
					2
B. If amending the registered agent and/or reg registered agent and/or the new registered office a	ddress here:				
Name of New Registered Agent:	<u>Anneli</u>	Hartman Williamse	<u> </u>		
New Registered Office Address:	5889 S.	Williamse	n 6\vd. Iorida street addi	#20(, ø
) , () .				
`Li	ort Wray	nge ity	, Florida <u> </u>	Zip Cox	de
New Registered Agent's Signature, if changing Registe	ered 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:

	: Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	Sardia Watts	982 Wakeford Bint Dr. Port Orange n 32127	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If a	mending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
	•		SECRETARY OF SECRETARY OF SECRETARY OF CORP
Dated _	November 24,	2009 Lindon	AM 9: §9
	Signature of a r	member or authorized representative of a member Hatman Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00