## L080000660aa6

<u></u>				
(ке	questor's Name)			
(Ad	dress)			
(Ad	dress)			
		,		
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu:	siness Entity Nar	ne)		
(Ca.	omoso Entity Ivai	110)		
(Do	cument Number)			
(D0)	cument Number)			
0.17.10.1	0 177			
Certified Copies Certificates of Status				
Special Instructions to F	Filing Officer:			
		Ì		

Office Use Only



000207018350

05/05/11--01015--020 \*\*25.00

FILED
11 MAY -5 PM 1:44
SECRETARY OF STATE

J. BRYAN

MAY - 9 2011

**EXAMINER** 

## **COVER LETTER**

Division of Co				
SUBJECT:				
		quity Partners, LLC		-
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Lisa O'Connor		- =
		Name of Person  NA! Realvest		TILEU  SECRETASSEE, FLORIO  SELCAHASSEE, FLORIO
		Firm/Company		
	2200 Lucien Way, Ste. 350 Address			E. FI.O
		Maitland, FL 32751		RIDE -
	lo	City/State and Zip Code  connor@realvest.com to be used for future annual repo		-
For further information	concerning this matter, please of	_	or nothication)	
Lisa O'Connor  Name of Person		at (_407_)	949-0746	
Name	or Person	Area Code &	Daytime Telephone Numb	эег
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 er	Certifi nclosed) Certifi	Filing Fee, cate of Status & ed Copy onal copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registration	Corporations	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kealve Realve	est Equity Partners, LL	<u></u>	
(Name of the Limited Lis (A F)	ability Company as it now appear orida Limited Liability Company)	rs on our records.	
,	, , ,		
The Articles of Organization for this Limited Liabi	ility Company were filed on	July 9, 2008	and assigned
Florida document number L0800006622	26 .		±1.0 ••
	<del></del>		跨三州
This are described as a good the following	in a.		語艺
This amendment is submitted to amend the following	ing.		爱访州
A. If amending name, enter the new name of th	<u>ie limited liability company her</u>	<u>re</u> :	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The new name must be distinguishable and end with the	he words "Limited Liability Compa	any," the designation	"LLC" Cate abby wiation
"L.L.C."	, .		gri
Enter new principal offices address, if applicable	le:		1,5
(Principal office address MUST BE A STREET A	4.D.D.B.EGG()		
Frincipal office address MOST BE A STREET A	ADDRESS/	·	
	<del></del>		
Enter new mailing address, if applicable:	<del></del>	<del> </del>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	, ···	
B. If amending the registered agent and/or		our records, <u>enter</u>	the name of the nev
registered agent and/or the new registered offic	e address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	En	iter Florida street a	ddress
	, Florida		
•	City	, rioriua _	Zip Code
New Registered Agent's Signature, if changing Reg	•		P
New Registered Agent's Signature, it changing Reg	ustered Agent:		
I hereby accept the appointment as registered a	agent and agree to act in this c	anacity. I further a	geree to comply with
the provisions of all statutes relative to the prop			
accept the obligations of my position as registe	red agent as provided for in C	hapter 608, F.S. C	r, if this document is
being filed to merely reflect a change in the reg		y confirm that the	limited liability
company has been notified in writing of this cha	ange.		

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 **Address Type of Action** Title Name **MGR** O'CONNOR, E. KEVIN ☐ Add ☑ Remove 2200 LUCIEN WAY, STE. 350 MAITLAND, FL 32751 O'Connor, Edward Kevin 2200 LUCIEN WAY, STE. 350 MAITLAND, EL 32751 MGR ✓ Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

KCJIN O CONNOC Typed or printed name of signee

Filing Fee: \$25.00