

LO8000085416

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 13 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN PREMIER REALTY

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY DIAMANTE

Name of Person

AMERICAN PREMIER REALTY

Firm/Company

219 S FEDERAL HIGHWAY

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

AGMDFL@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY DIAMANTE

Name of Person

at (954)

785.7926

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

FILED
11 APR 12 AM 11:02
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AMERICAN PREMIER REALTY

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

The Articles of Organization for this Limited Liability Company were filed on 09/08/2008 and assigned
Florida document number L08000085416.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

219 S FEDERAL HIGHWAY

(Principal office address MUST BE A STREET ADDRESS)

POMPANO BEACH, FL 33062

Enter new mailing address, if applicable:

219 S FEDERAL HIGHWAY

(Mailing address MAY BE A POST OFFICE BOX)

POMPANO BEACH, FL 33062

FILED
11 APR 12 AM 11:03
CLERK OF CIRCUIT COURT
FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

219 S FEDERAL HIGHWAY

Enter Florida street address

POMPANO BEACH

Florida

33062

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

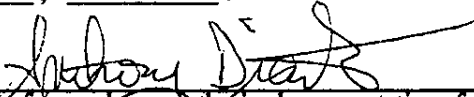
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LOU GALLO	1940 SE 2ND ST POMPANO BEACH, FL 33060	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RITA BALBIRER	1940 SE 2ND ST POMPANO BEACH, FL 33060	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LOU GALLO JR	219 S FEDERAL HIGHWAY POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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11 APR 12 AM 11:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

Dated APRIL 5, 2011


Signature of a member or authorized representative of a member

ANTHONY DIAMANTE
Typed or printed name of signee