LO8COOPPISE/

(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:					
L. SELLERS					
NOV 1 3 2009					
EXAMINER					

Office Use Only



300162064243

10/26/09--01014--023 **35.00

Land to the state of the

ا مواجع المحيد الوسيخ الوضائي في المجدد المارات إلى المارات

SECRETARY OF ST TALLAHASSEE FLO

FILED

O9 NOV 12 PH 8: 01

COVER LETTER

TO: Registration Division of C						
SUBJECT:	REALTY PROS MAN	NAGEMENT SERVICES	LLC			
	Name of Lim	ited Liability Company	4			
	of Amendment and fee(s) are su					
		JAMES DONOVAN				
		Name of Person				
		Fírm/Company				
	5309 W BROWARD BLVD #206					
		Address				
	PLANTATION FL 33317					
	City/State and Zip Code					
	E-mail address: (o@floridarealtypros.com to be used for future annual report notifi	cation)			
For further information	concerning this matter, please	call:				
Jı	ennifer Perez	at (954)	587-2661			
Name	of Person	Area Code & Daytime	Telephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	LING ADDRESS: tration Section	STREET/COURII Registration Section				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



October 28, 2009

JENNIFER PEREZ 5225 W. BROWARD BLVD. PLANTATION, FL 33317

SUBJECT: REALTY PROS MANAGEMENT SERVICES LLC

Ref. Number: L08000087567

We have received your document for REALTY PROS MANAGEMENT SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Letter Number: 909A00034220

Leslie Sellers Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REALTY PROS MANAGEMENT SERVICES, LLC

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

(A Florida Limited Liability Company)

	(A riorida Limited	Liability Company)			
The Articles of Organization for this Limited Florida document numberL080000	• •	y were filed on	JANUARY 200	and assigned	
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new name	of the limited lia	bility company here	;		
The new name must be distinguishable and end v"L.L.C."	with the words "Lim	aited Liability Compan	ny," the designation	"LLC" or the abbrevia	
Enter new principal offices address, if appl	licable:				
(Principal office address MUST BE A STRE	ET ADDRESS)			-	
Enter new mailing address, if applicable:		5309 W BROWARD BLVD #206			
(Mailing address MAY BE A POST OFFICE BOX)		PLANTATION FL 33317			
		_			
B. If amending the registered agent and registered agent and/or the new registered Name of New Registered Agent:		<u>re</u> :	ır records, <u>ente</u>	the name of the	
New Registered Office Address:	5309 W BROWARD BLVD #206		December 1		
		Ente	r Florida street a	ddfess:	
	PL	ANTATION	, Florida		
New Registered Agent's Signature, if changing		City		SZIp Code	

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

Page 1 of 2

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			— — — — — — — — — — — — — — — — — — —
·			
			Add Remove
			AddRemove
			Add Remove
	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if nece	essary.)
_			O9 NC
Dated	11tot 20009	ONLOTA WILL	OP NOV 12 PM
	James	r or authorized representative of a member	BH B: 09

Page 2 of 2

Filing Fee: \$25.00