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S. HAWKES

MAR 1 6 2009

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp						
SUBJECT: Michaele Stahl Realtor LLC. (Name of Limited Liability Company)							
	(Name of Limited Liability Company)						
The en	The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:							
		Wolfga	Name of Person)				
			(Firm/Company)				
		14211 Fa	rragut Ct. (Address) 1 yers, FL 33 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·			
		Fort 1	(City/State and Zip Code)	908			
For fur	ther information co	ncerning this matter, please c	٠.	, ·			
	(Name of	Person)	at ()(Area Code & Daytime	e Telephone Number)			
Enclos	ed is a check for the	e following amount:					
\$25	5.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 ssee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n utions uter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michaele >		LC.
(Name of the Limited Liz (A Flo	ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on	$\frac{\sqrt{20/08}}{}$ and assigned
Florida document number <u>L 080000 98</u>	3320	TAL SE
This amendment is submitted to amend the following		CALLY SEE TO SEE
A. If amending name, enter the new name of the		
Michaele Stabl The new name must be distinguishable and end with the	LLC.	52 w
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Company,"	the designation "LLE" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter	Florida street address)
_		, Florida
_	(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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	Managing Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
····			Add
			Remove
			Add
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			ب ب Add 60 (60
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······································			Add
			Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	ry.)
			
Dated	March 11, 2	009.	
	Michael	E Stall	
	Signature of a member	er or authorized representative of a member	
	Type	Stayl d or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00