

208000106854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

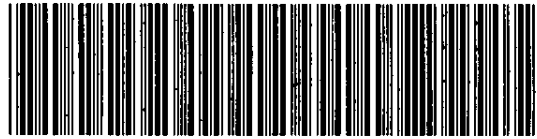
(Document Number)

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12/22/08--01055--004 \*\*25.00

FILED  
09 JAN -7 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 07 2009

EXAMINER

December 4<sup>th</sup>, Palm Beach Gardens, Fl. 33418

**Department of State**  
Division of Corporations

This is to kindly request to include my name as the qualifying broker for my new incorporated company named: REOMAX Solutions, LLC with EIN #26-3727766 which will act as Real Estate Company.

Also, as instructed, please see attached the completed form including the removal of the name Maribel De La Pena as an officer of the Company. A resignation letter has been attached to this request in the event that is necessary.

I thank you in advance for the consideration to this request.

Yours Sincerely,



**Michael R. Bowden**  
REOMAX SOLUTIONS, LLC

**FILED**  
09 JAN - 7 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 23, 2008

MICHAEL BOWDEN  
4986 BONSAI CIRCLE #100B  
PALM BEACH GARDENS, FL 33418

SUBJECT: REOMAX SOLUTIONS, LLC  
Ref. Number: L08000106854

We have received your document for REOMAX SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title you have listed is not acceptable.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 708A0006150

**FILED**  
09 JAN -7 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REOMAX SOLUTIONS, LLC  
(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:

MICHAEL BOWDEN

(Name of Person)

REOMAX SOLUTIONS, LLC

(Firm/Company)

4986 BONSAI CIRCLE #100B

(Address)

PALM BEACH GARDENS, FL. 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL BOWDEN at ( 561 ) 889-7160  
(Name of Person) (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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**  
09 JAN -7 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Reomax Solutions, LLC

(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 11/26/08 and assigned  
Florida document number L08000106854.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
09 JAN - 7 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, 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:

(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 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

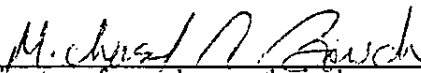
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Maribel De La Pena	4986 Bonsai Circle #100B	<input type="checkbox"/> Add
		Palm Beach Gardens, Fl. 33418	<input checked="" type="checkbox"/> Remove
BKR	Michael Bowden	4986 Bonsai Circle #100B	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, Fl. 33418	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

We would like to request adding a new title to Agent Mr. Michael Bowden as the qualifying

Real Estate Broker for REOMAX SOLUTIONS, LLC

Dated December 04, 2008

  
Signature of a member or authorized representative of a member

MICHAEL BOWDEN

Typed or printed name of signee

FILED  
 09 JAN - 7 PM 3:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA