108000112575

(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status

Special Instructions to Filing Officer:

L. SELLERS

MAR - \$ 2009

EXAMINER

Office Use Only



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03/05/09--01032--008 **60.00

)9 MAR -5 AM 8: 05 Secretary of State

COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT: <u>REAL</u>	(Name of Limited Liability Company)
The enclosed Articles of Am	nendment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
-	Journick Romano (Name of Person)
-	REAL ESTATE TUVESTMENT CONNECTION ((C)
	2080 20th Ave Nouth East (Address)
	Naples Floride 34120 (City/State and Zip Code)
	cerning this matter, please call:
Destruct Rost (Name of P	rerson) at (234) 777-1874 (Area Code & Daytime Telephone Number)
Enclosed is a check for the f	following amount:
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our records. Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/09/2008 Florida document number (108000 112575) 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) 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) 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 or Managing Member being added or ren	Members on our records, enter the title, name, and address of each Manage noved from our records:
MGR = Manager MGRM = Managing Member	
Title Name	Address Type of Action
GR REAL SITATE John Roman	D 2686 2014 Ave. MAdd Nowth east Nowsles Provide 34120
	Remove
	Remove
	Add Remove
	Add Remove
Mr John Romano	witer change(s) here: (Attach additional sheets, if necessary.) Will be the Fivins MER MCHAGER
(BK 3044784) For	Peal Estate Frestrait Convection, LLC
as reguired by	te D.B. P.R
Dated March 4th	SECRETARY ALLAHASSE
Signature o	Typed or printed name of signee
	Page 2 of 2

Filing Fee: \$25.00