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SECRETARY OF STATE
ALL AHASSEF, FLORIO

NOLLY SUSSEVING SINIONS STATE STATE

RECEIVED

D. BRUCE

JAN 1 3 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: <u>LAUC</u>	R Realestate GRO (Name of Limi	ted Liability Company)		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	BRITTAR	Y.J. LAULR (Name of Person)		
	LAUER REA	L estate GROLP (Firm/Company)	LLC	
	539 E45T F	Park ave, Ste. [(Address)	TAL	09
	Tallahasse	CEFL 32301 (City/State and Zip Code)	LAHASS	
For further information	concerning this matter, please ca	all:	 în	E E E
PRITTANY (Name	J. LAULK of Person)	at (850) 942 · 2980 (Area Code & Daytime 1	0	: 26
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	☐\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &

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

LAULK RLOL ESTATE C	TROUP LLC	monds)		
(A Florida Lim	ompany as it now appears on our relited Liability Company)	corus.)		
The Articles of Organization for this Limited Liability Com	pany were filed on 1/5/200	and assigned		
Florida document number <u>L09000005210</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company," the des	signation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		Z		
(Principal office address MUST BE A STREET ADDRES	(S)	EC. 209		
		TIME 1		
		SSET 3		
Enter new mailing address, if applicable:	-	— He some		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
		26 26		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		s, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida	(Enter Florida street address)		
	F	lorida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent	gent:			

company has been notified in writing of this change.

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

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 = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CASEY LAVER	539 E Park 448 Tallahassee Fl 32301	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendir	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary	2) 74 EEC 09
			JAN 13 PH
Dated <u>JA</u>	nuary 13, 200	29	U 4: 26 FLORIDA
		or authorized representative of a member 1. LAUR or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00