L09000017286

Office Use Only



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J. BRYAN

MAR 2 4 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: SHOR	T SALE REALTY GF	ROUP, LLC	•
		ited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	NISHAD KHAN		
		(Name of Person)	
	 	(Firm/Company)	O9 MAR 23 PM 3: 46 SECRETARY OF STATE SALLAHASSEE, FLORIO
907 OUTER ROAD, SUITE B			MAR 23 PH 3 CRETARY OF S CAHASSEE, FI
		(Address)	SEE. PH
	ORLANDO, FLORIDA 32814		
		(City/State and Zip Code)	STATE FLORIDA
For further information	concerning this matter, please c	all:	
NISHAD KHAN		at (407) 228-9711	
(Name of Person)		(Area Code & Daytime To	elephone Number)
Enclosed is a check for	the following amount:		There are a server
☑ \$25.00 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)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SHORT SALE REALTY GROUP, 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 FEBRUARY 20, 2009 and assigned Florida document number L09000017286 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) (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 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>	Type of Action
MGRM_	MICHAEL HUBSCHMAN	585 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701	Add Remove
			Add Remove
<u></u>			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necess	eary.)
	20	00.1	MAR 23
Dated MARC	A	09 .	F STAL
		nber or authorized representative of a member	□
	NISHAD KHAN	ned or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00