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C. LEWIS

AUG - 6 2009

EXAMINER

### COVER LETTER . . .

SUBJECT:		ealty Referrals, LLC			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Stephanie Lighter			
		Name of Person			
	Inno	ovative Realty Referrals			
		Firm/Company			
	433	3 Plaza Real, Suite 275			
		Address			
	В	oca Raton, FL 33432			
	City/State and Zip Code				
	S - Jada - 7	Steph5831@aol.com to be used for future annual report noti-	<u> </u>		
	•	•	incation)		
For further information	concerning this matter, please c	all:			
Ste	phanie Lighter	at (_561 )	962-4132		
Name of Person			ne Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

TO:

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

FILED

2009 AUG -5 PM 1: 08

Innovative Realty Referrals, LLC

SECRETARY OF STATE

SECRETARY OF STATE

TAI LAHASSEE, FLORIDA

(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 Liabs	ility Company were filed on	March 25, 2009	and assigned	
Florida document numberL090002908				
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of the	e limited liability company h	ere:		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Com	pany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable	le:			
(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		our records, enter the	e name of the new	
Name of New Registered Agent:	·			
New Registered Office Address:				
	Enter Florida street address			
-	· ·	, Florida	7:	
	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

C 2. 5

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
MGR	Stephanie Lighter	433 Plaza Real, Suite 275 Boca Raton, Fl 33432	✓ Add Remove			
			Add Remove			
			Add Remove			
	,		Add Remove			
			Add Remove			
			Add Remove			
D. If amen	ding any other information, enter cl	nange(s) here: (Attach additional sheets, if necess	sary.)			
 			FILE SECRETARY			
Dated	July 30	Dene rifo	S PH 1: 08			
	U	mber or authorized representative of a member  Stephanie Lighter	<del>,</del>			
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00