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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ · Certificates	of Status		
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B. KOHR

JUN - 4 2012

EXAMINER



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COVER LETTER

Division of Cor	porations ,			
SUBJECT:	GRAND STAR RE	ALTY & AUCTIONS, LLO		
5000ECT	Name of Lim	ited Liability Company		
		•		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	* * * * * * * * * * * * * * * * * * *	
Please return all correspo	ndence concerning this matter	to the following:		
	I	LEANN SCHNEIDER	3	
		Name of Person	ج. ﴿ ين	
	GRAN	.		
		Firm/Company	•	
	599 SI	HERWOOD AVE SUITE104		
٠.		Address		
	SATE	ELLITE BEACH, FL 32937		
		City/State and Zip Code		
	LEANN@G E-mail address:	RANDSTARREALTYLLC.CO to be used for future annual report notifica	DM tion)	
For further information c	oncerning this matter, please	call:		
LEANN SCHNEIDER		at (<u> </u>	44-4829	
Name o	f Person	Area Code & Daytime 1	elephone Number	
Enclosed is a check for the	he following amount:			
\$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:

TO:

Registration Section

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

GRAND STAR REALTY & AUCTIONS, 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 Liabilit	y Company v	were filed on	04/06/2009	and assigned
Florida document numberL09000033169				H. OL
This amendment is submitted to amend the following	<u>;</u> :		,	
A. If amending name, enter the new name of the	limited liabi	lity company here		
GRAND STAR	REALTY	OF BREVARD,	LLC	
The new name must be distinguishable and end with the "L.L.C."	words "Limit	ed Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		599 SHERWO	OD AVE	
(Principal office address MUST BE A STREET ADDRESS)		SUITE 104		
		SATELLITE B	EACH, FL 32937	7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		599 SHERWC SUITE 104	OOD AVE	
		SATELLITE BEACH, FL 32937		
B. If amending the registered agent and/or registered agent and/or the new registered office a			ur records, <u>enter t</u> l	ne name of the nev
Name of New Registered Agent: LE	LEANN SCHNEIDER			
New Registered Office Address: 59	5990SHERWOOD AVE SUITE 104			
Enter Florida si				ress
	SATE	LLITE BEACH	, Florida	32937
-		City		Zip Code
Now Designated Agent's Signature if shanging Design	tored Agents			

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>	Name	Address	Type of Action		
MGR	MICHAEL CRULLI	599 SHERWOOD AVE SUITE 107 SATELLITE BEACH, FL 32937	Add Remove		
<u>MGR</u>	AFFILIATE AUCTIONEER	599 SHERWOOD AVE SUITE 107 SATELLITE BEACH, FL 32937	✓ Add ☐ Remove		
MGR	LEANN SCHNEIDER	599 SHERWOOD AVE SUITE 104 SATELLITE BEACH, FL 32937	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)			
_					
	MAY 30 /) 20	212			
Dated	Heann	on authorized representative of a member			
		ANN SCHNEIDER			
	Турес	or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00