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EXAMINER



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10/12/10--01037--025 **25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section , Division of Corporations
SUBJECT: 1 Able Realty LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tracy West
1 Able Reably, LLC Firm/Company
2300 & Certal Blue Address
Orlando, FZ 32803 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 227 - 400 / Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution} \$\ \text{Solution}\$ \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \ \ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \ \ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \ \ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \ \ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \ \ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \ \ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \ \ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \ \ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy}\$\$ \$\ \text{(additional copy is enclosed)}\$\$ \$\ \text{(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

1 Abl	e Realty, LLC	_		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on ou a Limited Liability Company)	r records.)		
	440	10010		
The Articles of Organization for this Limited Liability		2009 and assigned		
Florida document number <u>LO 90003545</u>	<u>.</u> .			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the	e designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)	<u> </u>		
		<u> </u>		
		AS		
Enter new mailing address, if applicable:		SEE 2		
(Mailing address MAY BE A POST OFFICE BOX)		77 3		
		RN ÷		
		9m 2		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address on our red <u>ldress here</u> :	cords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	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

$MGRM = M_1$	anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Tracy West	2300 9 Central Blue Orlando, PC 32803	Add Remove
MGRUN	Todd Mowry	712 Savit Lucie Lane Orlando, P2 32807	Add Remove
			Add Remove
•			Add Remove
			□Add □Remove
			Add Remove
D. If amendin	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			-
Dated	ctober 7 20	10	-
Dated	Trace 4	or authorized representative of a member	
-	Tracy	DEST or printed name of signee	
	7/	Page 2 of 2	

Filing Fee: \$25.00