

L09 000044775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

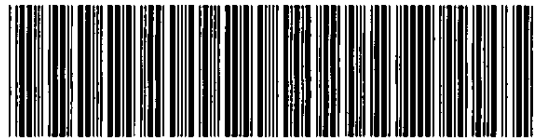
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JUL 31 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUYING FLORIDA REALTY & INVESTMENTS
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:

PHIL PEACHEY
Name of Person

BUYING FLORIDA REALTY & INVESTMENTS
Firm/Company

6245 CARTMEL LANE
Address

WINDERMERE FLORIDA 34786
City/State and Zip Code

info @ BUYINGFLORIDA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHIL PEACHEY at (407) 455-0222
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BuYING FLORIDA REALTY 2 INVESTMENTS
(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 5-7-09 and assigned
Florida document number LO9000044775.

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

_____, 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

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TALLAHASSEE, FLORIDA

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:

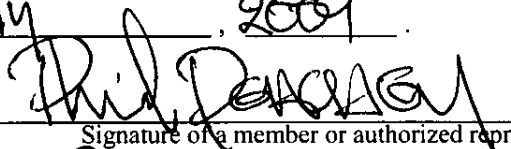
MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	PHIL PEACHEY	6245 CARTMEL LANE WINDERMERE FL 34786	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ROCHELLE PEACHEY	6245 CARTMEL LANE WINDERMERE FL 34786	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DAVE BRILEY	6245 CARTMEL LANE WINDERMERE FL 34786	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JACKIE BRILEY	6245 CARTMEL LANE WINDERMERE FL 34786	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated 24TH July, 2009



Signature of a member or authorized representative of a member

PHIL PEACHEY

Typed or printed name of signee

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TALLAHASSEE FLORIDA