

# L09000051770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

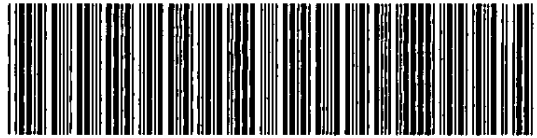
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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C. LEWIS

OCT - 6 2009

EXAMINER

## COVER LETTER

TO: • Registration Section  
• Division of Corporations

SUBJECT: Corporate Realinvest, 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:

Kim Nowakowski

Name of Person

Health First, Inc.

Firm/Company

6450 US Highway 1

Address

Rockledge, FL 32955

City/State and Zip Code

kimberly.nowakowski@health-first.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Nowakowski

Name of Person

at ( 321 )

434-4378

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:

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

FILED

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Corporate Realinvest, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 27, 2009 and assigned  
Florida document number L09000051770.

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:

6450 US Highway 1

(Principal office address MUST BE A STREET ADDRESS)

Rockledge, FL 32955

Enter new mailing address, if applicable:

6450 US Highway 1

(Mailing address MAY BE A POST OFFICE BOX)

Rockledge, FL 32955

**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:

Victor S. Kostro

New Registered Office Address:

6450 US Highway 1

*Enter Florida street address*

Rockledge

Florida

32955

*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.*

*Victor S. Kostro*

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Judy Killebrew	1350 S. Hickory Street Melbourne, FL 32901	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	John L. Soileau	3490 North US Highway 1 Cocoa, FL 32926	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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 September 16, 2009

Judy Killebrew  
Signature of a member or authorized representative of a member

Judy Killebrew

Typed or printed name of signee

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TALLAHASSEE, FLORIDA