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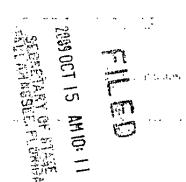
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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T. CLINE

OCT 16 2009

EXAMINER (

FLORIDA REALTY AND MORTGAGES LLC.

Florida Dept. Of State PO Box 6327 Tallahassee Fl.32314

Florida Buyers and Professional Services LLC R. Lynn Hurst 1412 W. Waters Ave Ste 101 Tampa Fl. 33604

To whom it may concern,
Please find enclosed in this envelope our change of
manager status and our check in the amount of \$25.00.
Please contact immediately if there are any problems so
we may get our Real Estate licensing completed ASAP.

Thank you

Musst L Hurst

1412 W. WATERS AVE. STE 101 TAMPA FL. 33604 TELEPHONE: (813) 935-3326 • FAX: (813) 932-4944 CELL (813) 679-0877 ALSO ACT

COVER LETTER

	ration Secti n of Corpo								
SUBJECT:	FI	orida Buyers and	Professi	onal Service	s LLC				
		Name of Limi							
The enclosed Ar	ticles of Ar	mendment and fee(s) are sub	mitted for fil	ing.					
Please return all	correspond	lence concerning this matter	to the follow	ring:					
	Ronald L. Hurst								
			Name o	of Person					
		Florida Buyer	s and Pro	fessional Serv	ices LLC				
Firm/Company									
		1412	W. Water	rs Ave. Ste 10	1				
			Ado	lress					
			Tamna F	1 33604			·2m1	. .	
		Tampa Fl. 33604 City/State and Zip Code							
		loans@flo	ridarealty	andmortgages	.com			269 OCT 15	•
For further infor	mation con-	E-mail address: (cerning this matter, please o		future annual report n	otification)				i
							<u> </u>	AH IO:	
Lynn Hurst Name of Person			at (813) Area Code & Day	935-3				
	rance or r	V. 30.1		Their code at Day	тис тетери	sile i vallibei	74.		
Enclosed is a che	eck for the	following amount:			,				
\$25.00 Filing	g Fee [\$30.00 Filing Fee & Certificate of Status	Certi	Filing Fee & fied Copy tional copy is enclo		\$60.00 Filin Certificate Certified ((additiona	of Status Copy		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FL	ction porations g Center Cir				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Buy	ers and Prof	essional Servi	ices LLC					
(Name of the Limited	d Liability Compar A Florida Limited L	iy as it now appears iability Company)	on our records.)					
The Articles of Organization for this Limited L	iability Company	were filed on	06/11/2009	and assig	ned			
Florida document number L0900005	5665							
This amendment is submitted to amend the fol-	lowing:							
A. If amending name, enter the new name o	of the limited liab	ility company here	* *					
Florida Bu	yers and Profe	ssional Services	s LI.C					
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Compan	y," the designation '	'LLC" or the abl	previation			
Enter new principal offices address, if appli	cable:	1412 W. Wate	rs Ave. Ste 101					
(Principal office address MUST BE A STREI	ET ADDRESS)	Tampa Fl. 336	604	<u> </u>				
				200 200 200				
Enter new mailing address, if applicable:					PERSONAL PROPERTY.			
(Mailing address MAY BE A POST OFFICE	BOX)			171				
					TOPIC SERVICES			
B. If amending the registered agent and			ır records, <u>enter</u>	the name of	the new			
registered agent and/or the new registered o	ffice address her	<u>e</u> :						
Name of New Registered Agent:	Ronald L. H	urst						
New Registered Office Address: 1412 W. Waters Ave. Ste 101								
	Enter Florida street address							
		Tampa	, Florida	33604				
		City		Zip Code				
N 70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B 14 14 4							

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 Type of Action **Address** <u>Title</u> <u>Name</u> MGR 1412 W. Waters Ave. Ste 101 Tampa Fl. 33604 Carolina Hurst _ Add ✓ Remove MGK Ronald L Hurst **✓** Add 1412 W. Waters Ave. Ste 101 Remove 33604___ ☐ Add Remove Add ☐Add Remove Add __ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member Ronald L Hurst

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00