L090000613

| (R | Requestor's Name) | |
|---|-------------------------|--|
| | address) | |
| (A | address) | |
| (C | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT ☐ MAIL | |
| (B | Business Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of Status | |
| Special Instructions to Filing Officer: | | |
| L. SELLERS | | |

Office Use Only

JAN 1-1 2010

EXAMINER



500163675475

01/08/10--01028--006 **25.00

10 JAN -8 PM 2: 12 SECRETARY OF STATE FALL AND SEFF FLORIDA 3080 Tamiami Trail East Naples, Florida 34112 Telephone (239) 649-4900 Fax (239) 649-0823 Internet: www.swflalaw.com

Treiser



Collins

Richard M. Treiser
Thomas A. Collins, II • •
Christopher J. Cona
Robert A. DeMarco *

Bradley S. Donnelly & Craig A. Goddy A •

Of Counsel

James L. Amold ∴ 3€ ◆

Florida Division of Corporations PO Box 6327 Tallahassee, Fla 32314

RE: Prosults Realty REO LLC name change

To Whom It May Concern:

Enclosed please find Articles of Amendment for Prosults Realty REO LLC amending the name to Prosults Realty of Naples LLC along with a check for \$25.

I have also included a Fictitious Name registration to be filed <u>after the name change takes effect</u>. Please forward the Fictitious registration form and the check for \$50 to the Fictitious Name registration department.

Very truly yours,

TREISER, COLLINS

Christopher J. Cona Esq.

For the Firm

ccona@swflalaw.com

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Prosvits Realty RED 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: | | |
| Chris Lona | | |
| Name of Person Treiser Willins PL Firm/Company | | |
| 7180 TAMIANI. TAIL E. | | |
| Address NAME, HA 34112 City/State and Zip Code CCDA & SWHA/AN, Lon E-mail address: (to be used for future annual report notification) | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Chr. Coma at (274) 649-4900 Name of Person Area Code & Daytime Telephone Number | | |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Copy (additional cop | | |

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

| (Name of the Limited Liability Compan (A Florida Limited Li | ty REO LLC |
|--|---|
| (Name of the Limited Liability Compan (A Florida Limited Li | y & it now appears on our records.) ability Company) |
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L0900006/573</u> . | were filed on $6/25/09$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| Plos 1145 Realty of NA) The new name must be distinguishable and end with the words "Limit | Mes ilc |
| The new name must be distinguishable and end with the words "Limit "L.L.C." | ed Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 4500 Executive Dime, 370 |
| (Principal office address MUST BE A STREET ADDRESS) | Magles, Ha 34119 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | sare |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| New Registered Agent's Signature, if changing Registered Agent: | City Zig Code LLCR JAN |
| I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | ete performance of my duties, and I am familiar with and rovided for in Chapter 608, F.S. Or, if this document is |

· 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 Title** <u>Address</u> <u>Name</u> ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove □Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 29, 2009 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00