## L09000062272

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



100187338721

100187338721 11/05/10--01031--011 \*\*25.00

2010 NOV -5 PM 4: 5.1
SECRETARY OF STATE

A. LUNT

**EXAMINER** 

NOV -8 2010

Office Use Only

## **COVER LETTER**

TO:	Registration S Division of Co					
SURIE	·CT·	Magnum Re	ealty Advisors LLC			
			ted Liability Company			
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:		-i 2	
					2010 NOV -5 SEERETAR	وغبود
			Douglas Doiron		AT 9	
			Name of Person		AR)	٢
		Magr	num Realty Advisors LLC		PM 4: 51 SEE: FLORID	7 7
			Firm/Company		LOR LOR	`
		700 S	Federal Highway, Ste 105		5 -	
			Address			
	Boca Raton, Florida 33432					
		City/State and Zip Code				
		ddo	iron@magnummgt.com to be used for future annual report notific	ation)		
For fur	ther information	concerning this matter, please of	•	anon)		
	Do	ouglas Doiron	<sub>at (_</sub> 561 <sub>.)</sub> 226-	4699 X2000		
Name of Person			Area Code & Daytime		r	
Enclose	ed is a check for	the following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	sed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		stration Section ion of Corporations Box 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Magnum Re	ealty Advisors LLC
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con	mpany were filed on June 26th, 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2010 M
(Principal office address MUST BE A STREET ADDRE	ESS)  HE TO
D. A	SECFLOR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the new</u> ess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 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 **Address** Type of Action <u>Title</u> <u>Name</u> **MGRM** WILLIAM DOUGHERTY 700 S Federal Hwy Ste 105 ☐ Add Boca Raton, Florida 33432 ✓ Remove JEFF L MATHEW MGRM 631 Laurel Oak Ln #105 ✓ Add Remove Altamonte Springs Florida 32701 ☐ Add Remove  $\prod Add$ Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary November 3rd, 2010 Dated \_\_\_ Signature of a member or authorized representative of a member DOUGLAS DOIRON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00