L09000079437

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2011 OCT 25 AN 19:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

OCT 2 6 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co		v S W	\$		
<i>,</i>		Family Couns	eling Real Estate LLC			
SUBJE	CT:		ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please	return all correspo	ondence concerning this matter	r to the following:			
		Ho	ward F. Ullman, Esquire			
Name of Person						
	Howard F. Ullman, P.A.					
	Firm/Company					
		497	W. Hillshore Roulevard			
482 W. Hillsboro Boulevard Address						
	Deerfield Beach, FL 33441 City/State and Zip Code howard_fmc@bellsouth.net					
		E-mail address: (to be used for future annual report notific	cation)		
For furt	her information o	oncerning this matter, please o	eall:			
Howard F. Ullman			41 (128-7588		
	Name o	f Person	Area Code & Daytime	Telephone Number		
Enclose	d is a check for the	ne following amount:				
\$25 .	00 Filing Fee	▼\$30.00 Filing Fee & Certificate of Status	S55.00 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

2011 OCT 25 AM 18: 37 Family Counseling Real Estate LLC (Name of the Limited Liability Company as it now appears on our records.) ALLAHASSEE, F The Articles of Organization for this Limited Liability Company were filed on August 17, 2009 and assigned L09000079437 Florida document number 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

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.

Citv

_, Florida ___

Zip Code

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>	Address	Type of Action		
MGR	Tamara Jo Beckel	22328 Calibre Court Apt. 706 Boca Raton, FL 33433	Add ☑ Remove		
MGRM	Norka Parodi	4084 Bocaire Boulevard Boca Raton, FL 33487	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ling any other information, enter o	change(s) here: (Attach additional sheets, if necessor	ary.)		
			2011 OCT 25 A SECRETARY E		
Dated	October 24	<u> </u>	AM IS: 37 OF STATE E.FLORIDA		
	-	ember of authorized representative of a member Howard F. Ullman			
		Typed or printed name of signee	_		

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Filing Fee: \$25.00