# L09000079437

(Re	equestor's Name)	
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TALLAHASSEE, FLORIDA

B. BOSTICK
SEP 1 1 2013
EXAMINER

#### **COVER LETTER**

TO:

Registration Section

**Division of Corporations** 

SUBJECT:

## Family Counseling Real Estate 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:

## Howard F. Ullman, Esquire

Name of Person

#### Family Counseling Law Firm

Firm/Company

### 482 W. Hillsboro Boulevard

Address

Deerfield Beach, Florida 33441

City/State and Zip Code

howard\_fmc@bellsouth.net

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

For further information concerning this matter, please call:

Howard F. Ullman

954,428-7588

Name of Person

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

Family Counseling Real Estate LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Li	ability Company	were filed on August 17, 2009	and assigned	
Florida document number L09000079437	<u> </u>	•	2013 SEP SECRE	
This amendment is submitted to amend the following	owing:		P-9	
A. If amending name, enter the new name of	the limited liab	oility company here:		
Norka Parodi Real Estate LLC				
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if application	able:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	BOX)	N/A		
B. If amending the registered agent and/or registered agent and/or the new registered of			er the name of the nev	
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
	<u> </u>	Enter Florida street address		
		, Florida	l	
		City	Zin 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Dated _	September 5, 2013
	Howard J. alluceu
	Signature of a member or authorized representative of a member
	Howard F. Ullman, MGRM
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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