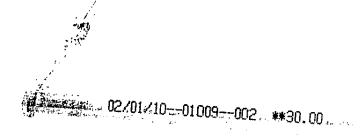
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SECRETARY OF STREET

T. CLINE

FEB - 2 2010

EXAMINER

W9-81238

COVER LETTER

TO: Registratio Division of	n Section Corporations
SUBJECT:	Realty, Intestment + Management, Fla. Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	espondence concerning this matter to the following:
	Tose A. Postigo Name of Person Realty Twestweet + Wallagoreant, Ele- Firm/Company P. O. Box 771051 Address
	OPlace to the 33877-1057 City/State and Zip Code Jose are posting Oe Guail. com E-mail address: (to be used for filture annual report notification)
For further informati	on concerning this matter, please call:
Jose	at (407) 340- >185 C 1
Enclosed is a check t	for the following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Realty 2 (Name of the Limited I		uent + Mae		to fle.
(A)	Florida Limited Lia	bility Company)	ai recoras.	
The Articles of Organization for this Limited Lia Florida document number 144139	bility Company w	vere filed on		and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company," th	ne designation "LI	.C" or the abbreviation
Enter new principal offices address, if applica	ble:	11972 Ho	etcher o	CR,
(Principal office address MUST BE A STREET	ADDRESS)	ORlando	,FL	77.0
			700	524
Enter new mailing address, if applicable:		P.O. Box:	77105 1	
(Mailing address MAY BE A POST OFFICE B	OX)	OFfeedo	12	7 (C)
		·	<u> </u>	
B. If amending the registered agent and/or	registered offic	ce address on our re		
registered agent and/or the new registered offi			1 20	
Name of New Registered Agent:	_105e	A. Postigo		8
New Registered Office Address:	: 11	972 Hatel	or CR	•
	Op no	Enter Flo Lo El	orida street addro , Florida	
	<u> </u>	City	, r ivi lua	Zip 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, 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 Address ☐ Add Remove Add Remove Add Remove TAdd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00