

LO9000120314

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TALLAHASSEE, FLORIDA

S. HAWKES  
JUN 10 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: B12 REALTY, 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:

DANICA BLAZANOVIC  
Name of Person

B12 REALTY, LLC  
Firm/Company

560 SE 23rd AVE #2  
Address

POMPA NO BEACH, FL 33062  
City/State and Zip Code

B12REALTY@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danica Blazanovic at (561) 809-9833  
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**

BIZ REALTY, 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 Liability Company were filed on 12/16/2009 and assigned  
Florida document number LO9000120314.

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)

3015 . N. OCEAN BLVD -STE C-114  
FORT LAUDERDALE FL 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

560 SE 23RD AVE # 2  
POMPA NO BEACH, FL 33062

**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:

RALPH N. MYERS

New Registered Office Address:

3015 N. OCEAN BLVD C-114

Enter Florida street address

FT. LAUDERDALE

City

Florida

33308

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.

Ralph N. Myers  
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:

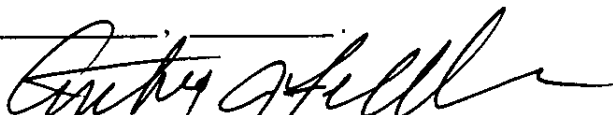
MGP = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANTHONY J. FOGLIETTA	4128 W. PALM AIRE DR. #282A POMPANO BEACH FL 33069	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DANICA BLAZANOVIC	560 SE 23rd AVE #2 POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 06-04-2010



Signature of a member or authorized representative of a member

ANTHONY J FOGLIETTA

Typed or printed name of signee