

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H10000084996 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SALVATORI & WOOD, BUCKEL & WEIDENMILLER, PL

Account Number : I20030000112

: (239)552-4100

Phone Fax Number

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Rmail .	Address:					
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SRE REAL ESTATE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
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April 20, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SALVATORI & WOOD, BUCKEL

SUBJECT: SRE REAL ESTATE SOLUTIONS, LLC

REF: L10000020459

We received your electronically transmitted document. However, then document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H10000084996 Letter Number: 210A00009630 Ap7, 20, 2010 1:35PM SALVATORI & WOOD

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SRE Real Estate Solutions, LLC

FILED

10 APR 20 AM 8: 49

SECKETARY OF STATES FALLAHASSEE, FLORIDA

(Name of the Limited L (A F	nability Company as it now app Torida Limited Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Lial Florida document number L100000204		February 23, 2010 and assigned	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company l	gere:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation "LLC" or the abbreviatio	
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
	•		
	City	, Florida 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

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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 = Ma MGRM = N	nager Vanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Thomas R. Becnel	15000 Emeraid Coast Pkwy Destin FL 32541	Add Remove
mgr ————————————————————————————————————	Joe R. Bracciale, Jr.	9375 Emerald Coast Pkwy West Miramar Beach, Ft. 32550	Add Remove
	·		Add Remove
			Add
			Add Remove
	·		Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	10 APR 20 AM
 Dated	April 14	2010	8: 49 STATE FLORIDA:
	<del>-</del>	nber or authorized representative of a member s attorney-in-fact for Thomas R. Becnel	
	Ту	ped or printed name of signee	<del></del>

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Filing Fee: \$25.00