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D. BRUCE

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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Real Pro 100
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:
Joseph Sabella Name of Person
Real Pro 100
675 W. Indiantown Rd Seite 20
Jupiter, Florida 33\$58 City/State and Zip Code
JSABELLA @ PEALPROLOO. COM E-mail address: (to be used for future annual report notification)
in the state of t
For further information concerning this matter, please call: Dana Tri Filio at (631) 465-0500 Name of Person Area Code & Daytime Telephone Number
Dana Trifflio at (631) 465-0500 Name of Person Area Code & Daytime Telephone Number For so Fill For Fisca on Fill For a Fis
\$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

TG:

Registration Section

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

(Name of the Limited Line (A Flo		y as it now appears on outability Company)	ır records.)			
The Articles of Organization for this Limited Liabi		were filed on <u>March</u>	9,201	D and ass	signed	
This amendment is submitted to amend the followi	ng:					
A. If amending name, enter the new name of th	<u>e limited liabi</u>	lity company here:				•
The new name must be distinguishable and end with th "L.L.C."	ne words "Limit	ed Liability Company," the	designation	"LLC" or the	abbreviation	
Enter new principal offices address, if applicabl	e:					
(Principal office address MUST BE A STREET A	(DDRESS)			01110	<u>.</u>	
		 				
				MAR	-	
Enter new mailing address, if applicable:				29		
(Mailing address MAY BE A POST OFFICE BO	<u>'X')</u>			FG 72	П	
				FICE ST	J	
				03 ATE		
B. If amending the registered agent and/or registered agent and/or the new registered office			cords, <u>enter</u>	the name o	of the new	
Name of New Registered Agent:	Jose	ph Sabell	q			,
New Registered Office Address:	675	W. Indian	town	Rd. Sa	<u> zite</u> ò	\bowtie
_	Jup	iter	_, Florida _	27/10	58	
		City	_	Zip Cod	е	
New Registered Agent's Signature, if changing Reg	istered Agent:					

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 <u>Title</u> **Address** Type of Action Name ☐ Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Oseph Sabelle Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00