L10000078640		
(Requestor's Name) (Address) (Address)	400201621584	
(City/State/Zip/Phone #)	04/14/1101010013 **25.00	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	TALLAHASSEEFLORIDA	
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COVER LETTER

TO: Registration Section **Division of Corporations**

Real Estate for Kids LLC SUBJECT: Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

REAL ESTATE + for Kids Narcassee RD Suik 414 Address ICALESTAK For KIDS Og Mail. COM E-mail address: (to be used for future angual report notification)

For further information concerning this matter, please call:

at (321 Area Code & Daytime Telephone Number Name of Perso

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS: **Registration Section Division of Corporations** P.O. Box 6327

Tallahassee, Florida 32314

Enclosed is a check for the following amount:



\$55 Filing Fee & Certified Copy

ARTICLES OF A TO ARTICLES OF O OI) RGANIZATION	FILED 2011 APR 14 PM 90 07
Real Estate Sr K (<u>Name of the Limited Liability Compar</u> (A Florida Limited L	AS LLC iability Company)	SEURETARY OF STATE
The Articles of Organization for this Limited Liability Company Florida document number <u>L1000078640</u> .	were filed on <u>7/26/2</u> 0	and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	50ite 414 ORlando, FI.	3782Z
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7444 Nave Suite 414 Orlando, Fl	. 32822
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
	, Fl.	orida 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

. . •

Page 1 of 2

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

- -

MGR = Manager MGRM = Managing Member

¢

<u>Title</u>	Name	Address	Type of Action
MERM	William Mays	7444 Narcoosse RD SURE 414 ORIMDO, FI. 32822	Add Remove
<u>mgrm</u>	beeph Luczaj	7444 Narcossee RD Built 414 DRIANDO, FL. 32822	Add
		·	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	v.)
	<u></u>		
Dated /7	pni 11, 2	<u>01(</u>	THINK IN THE
	Signature of a member Signature of a member Signature of a member Signature of a member Signature of a member Type	er or authorized representative of a member <u>UCZA</u> d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00