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(F	Requesto	or's Name)		
(<i>p</i>	Address)			
(A	Address)			
(0	City/State	e/Zip/Phon	e #)	
PICK-UP		WAIT	MAIL	
(E	Business	Entity Nar	me)	
(Document Number)				
Certified Copies	(Certificates	s of Status	

Special Instructions to Filing Officer:

A. LUNT

MAR - 8 2010

EXAMINER

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COVER LETTER

	tration Section on of Corporations	
SUBJECT:	CRRealtime, LLC	
	Name of Limited Liability Company	
	articles of Amendment and fee(s) are submitted for filing.	
Please return al	I correspondence concerning this matter to the following:	
	Teresa Ferguson Name of Person	
	CRRealtime, LLC	74.5 201
	Firm/Company	Vest Part 1/20
	380 Martin Lakes Drive V	West SEE P
	, Address	
	Jacksonville, FL 3222 City/State and Zip Code	
	1realtimereporter@gmail.	¥.
	E-mail address: (to be used for future annual re	port notification)
For further info	ormation concerning this matter, please call:	
	Teresa Ferguson at (_904_)	728-2218
	Name of Person Area Code a	& Daytime Telephone Number
Enclosed is a cl	heck for the following amount:	
\$25.00 Filin	rig Fee \$\int_{\\$30.00}\$ Filing Fee & Certificate of Status \$\int_{\\$000000000000000000000000000000000000	Certificate of Status &
		/COURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Accurate Court Reporting and Transcription Services, 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 Compar	ny were filed onS	September 1, 20	010 and assig	ned
Florida document number <u>L10000091727</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company her	<u>·e</u> :		
CRRealti	ime, LLC			
The new name must be distinguishable and end with the words "Lir"L.L.C."	mited Liability Compa	any," the designation		oreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			874	
			<u> </u>	
			5-42	
Enter new mailing address, if applicable:			67 f :	
(Mailing address MAY BE A POST OFFICE BOX)			,,,-	<u></u>
		•	41	41
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		our records, <u>ente</u>	r the name of	the new
Name of New Registered Agent:				
Name Designation of Office Addresses				
New Registered Office Address:	Enter Florida street address . Florida			
	City		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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kristian T Ferguson	380 Martin Lakes Drive West Jacksonville, FL 32220	Add ✓ Remove
MGRM	Kristian T Ferguson	380 Martin Lakes Drive West Jacksonville, FL 32220	Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
	.		A CERTIFICATION A CERTIFICATIO
 			Add De litemove
		4.	7, -
D. If amend	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary	.)
			
_			
Dated	March 2 Sexessa	2011 Level Communication of a member of a member	
	-	Teresa Ferguson yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00