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SEGRETARY OF STATE

J. SAULSBERRY EXAMINER

AUG 2 2011

COVER LETTER

Division of Corporations			
SUBJECT: Tampa Bay Realty Group, L	LC		
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:			
Cheryl Creason, EA			
Name of Person	•		
Abacus Business & Tax Svs,	بدر	-	
Firm/Company	-		
105 7th Ave NE			
Address	- 렇	65	
Puskin, FL 33570 City/State and Zip Code jobench fan @ aol. com	SEGRE	2911 AUG -	TÌ
City/State and Zip Code	IAS	<u>-</u>	
E-mail address: (to be used for future annual report notification)	λ (133 (133 (133 (133 (133 (133 (133 (13		ri
For further information concerning this matter, please call:	FLOR	AM 9:	
Charyl Creason 912, 645-4000	ADA	2	
Cheryl Creason at 813, 645-4000 Name of Person Area Code & Daytime Telephone Number			
, and a second property of the second propert	-		
Enclosed is a check for the following amount:			
(additional copy is enclosed) Certifie	ate of Sta	atus &	osed)

MAILING ADDRESS:

TO:

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

	ealty Gro	Jup, LLC	<u>-</u>
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on o Liability Company)	ur records <u>.</u>)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L\000009703</u>	iy were med on	10-10	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liand to the liand to t	nited Liability Company," th	_	or the abbreviation 1998 LN
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEGRETARY(2011
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our re ere:	cords, enter the	ame of the new
New Registered Office Address:	Enter Flo	orida street address	- F/G-11-F
	City	, Florida 	ip 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 **Title** Name Type of Action **Address** ☐ Add Remove Add Remove ☐ Add Remove NIA Remove No changes □Add Remove \square 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00