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2010 NOV 22 AM III: LI

C. LEWIS

NOV 2 3 2010

EXAMINER

COVER LETTER TO: Registration Section **Division of Corporations** 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: TGONG @ GMAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person at (305) 574-1404 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **7\$**60.00 Filing Fee, \$25.00 Filing Fee **\$30.00** Filing Fee & \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 NOV 22 AM III: 10

REAL ESTATES MAI	2KET LLC	<u></u>	DEUR, IA DY UN STATE TALLAHASSEE, FLORIDA r records.)
(Name of the Limited I	Florida Limited Li	y as it now appears on ou ability Company)	<u>r records.</u>)
The Articles of Organization for this Limited Lia	bility Company	were filed on _OctoB	ER 27,2010 and assigned
Florida document number <u>L100 00 111 91</u>			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t			
REAL ESTATES MARKET The new name must be distinguishable and end with	LLC		
"L.L.C."	the words "Limite	ed Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	1391 SW 1	45 PL
(Principal office address MUST BE A STREET	ADDRESS)	MiANG, FL	<u>45 PL</u> 33184
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B	OX)		
D. If amonding the project of the state of t			
B. If amending the registered agent and/or registered agent and/or the new registered office			ords, enter the name of the new
	5-2-6		
Name of New Registered Agent:	<u> VIOYANI</u>	CA TETROVA	
New Registered Office Address:	1391 SW	145 PL	da straat address
	Hi Di	Enter Plori	33184
	MIMM	City	da street address , Florida 33 184 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.

I 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 Type of Action <u>Name</u> **Address** DOTSKA PETROVA MGR 1391 SW 145PL HIANY FL 33184 ☐ Add Remove Add Remove Add Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated NOVEMBER 18th, 2010. Signature of a member or authorized representative of a member TCYANKA PETROVA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00