#L/0000122091

(F	Requestor's Name)	
<u> </u>	Address)	
A)	Address)	
(C	City/State/Zip/Phon	e #)
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SECRETARY OF STATE
ALL AHASSEF FI ORIDA

KBALY EXAMINER DEC 29 2011.

COVER LETTER

Division of Corp	porations	,	
SUBJECT:	ROTHCHILDS IN	TERNATIONAL REALT	Υ
	Name of Limi	ited Liability Company	44 5 6 7 6 17 18 18 18 18 18 18 18 18 18 18 18 18 18
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	***	PAUL DRAKE	
		Name of Person	
	ROTHCHILDS	S INTERNATIONAL REALT	YLLC
		Firm/Company	
	300 5TH AVE S, STE 101-344		
		Address	
		NAPLES, FL, 34102	
		City/State and Zip Code	
	PUAUL _e l	DRAKE.ESQ@GMAIL.COM to be used for future annual report notific	(cation)
For further information co	ncerning this matter, please of	•	
roi luiulei iinoimation co	ncerning this matter, please c	za11.	
PAI	UL DRAKE	at (272-8471
Name of	Person	Area Code & Daytime	Telephone Number
Enclosed is a check for the	e following amount:	•	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FIL	ED).	
11 DEC 27	PH	 :	30

ROTHCHILDS INTERNATIONAL REALTY, LLC ARY OF STATE (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 Company	were filed on	11-24-2010	and assigned
Florida document numberL10000122091			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ollity company he	<u>rę</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	300 5TH AV	E S, STE 101-344	
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL	., 34102	
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter tl</u>	ne name of the nev
	_		
Name of New Registered Agent:		,	
New Registered Office Address:		•	
	Er	nter Florida street addr	ess
	· · · · · · · · · · · · · · · · · · ·	, 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>	Name	Address	Type of Action
MGR	STEVE NEASE	300 5TH AVE S STE 101-344 NAPLES, FL, 34102	Add Remove
MGR_	PAUL DRAKE	300 5TH AVE S STE 101-344 NAPLES, FL, 34102	Add Remove
 			Add Remove
			Add Remove
ok-akanya kananankalaja			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	sange(s) here: (Attach additional sheets, if necessary.)	
			
Dated	DEC 21 2011		
	Signature of a lee	nber or authorized representative of a member	
	TV	PAUL DRAKE ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00