## L11000000450a

(Do	aucetore Noma\'	<del></del>
(Re	questor's Name)	
	•	
(Ad	dress)	
(Ad	dress)	
,		
(Cit	y/State/Zip/Phone	#)
	_	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ie)
, (54	omodo Emacy Mam	,
•		
	cument Number)	
(100	cument Number)	
A 118 1 A 1		
Certified Copies	_ Certificates	or Status

Special Instructions to Filing Officer:

A. LUNT

JAN 19 2010

**EXAMINER** 

Office Use Only



300188891933

01/18/11--01051--003 \*\*25.00



## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJEC	CT:	Reality Group of	Southwest Florida, LL	С
		<del></del>	ited Liability Company	
Salary to the	tore officer of			•
The encl	losed Articles of A	Amendment and fee(s) are su	bmitted for filing.	
Please re	eturn all correspon	dence concerning this matte	r to the following:	
		<del></del>	Michael J Rich, Esq	
			Name of Person	-pla
				201
			Firm/Company	
				2011 JAN 18 ALLEANASSEE
			2045 Mc Gregor Blvd	
			Address	
		Fo	rt Myers, Florida 33901	PH +: +
			City/State and Zip Code	
	1.2% (4.1)	rick@	millcreekcompanies.com to be used for future annual report noti	·
For furth	er information cor	ncerning this matter, please	-	neation)
. 1 - 11	Michae	I J. Rich, Esq.	220	222.0402
	Name of I		at ( 239 ) Area Code & Daytin	333-0192 ne Telephone Number
			·	•
Enclosed	is a check for the	following amount:		
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
,	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COURI Registration Section Division of Corporal Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reality Group of Southwest Florida, 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 Lia	ability Company were filed on _	January 11, 2011	and assigned
Florida document numberL11000004	502		
This amendment is submitted to amend the follow.  A. If amending name, enter the new name of	the limited liability company h		2011 JAN 18
	y Group of S.W. Florida, Ll		· TIL
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Com	pany," the designation	LC" of the abbreylation
Enter new principal offices address, if applica	ble:	74:	<u></u>
(Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u></u>	•	
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	<del> </del>
New Registered Office Address:	E	Enter Florida street add	ress
	City	, Florida	Zip Code
	City		esp 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGŖM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			,
		_	Add Remove
			PAdd _
<del></del>			Remove (
			78 P 10
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Sign S
			Add
	<del></del>		Remove
			<del></del>
			Add Remove
			Kemove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets,	if necessary.)
	<del></del>		<del></del>
	- Insurant Control	0044	
Dated	January 12	2011	
	fulu	Liter	
	•	nember or authorized representative of a member and Salata, Managing Member	Jer
	TAICHE	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00