

C11 00000527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

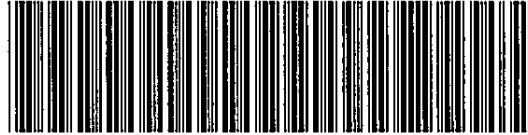
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700269021587

02/05/15--01013--007 **25.00

FILED
15 FEB -5 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 12 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Baglioni and Associates Realty, dba RE/MAX Performance

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:

Martin Baglioni

Name of Person

Baglioni and Associates Realty LLC

Firm/Company

12552 W. Atlantic Blvd

Address

Coral Springs FL 33071

City/State and Zip Code

alex@alexbaglioni.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. A. Baglioni

954 765-6567
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

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**

Baglioni & Associates Realty 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 Company were filed on 1/14/2011 and assigned
Florida document number 11000005927.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12552 W. Atlantic Blvd

Coral Springs FL 33071

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12552 W. Atlantic Blvd.

Coral Springs FL 33071

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

12552 W. Atlantic Blvd.

Enter Florida street address

Coral Springs

City

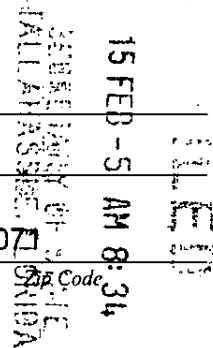
, Florida 33071

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 605, 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



MGR = Manager
AMBR = Authorized Member

_____ ☐ Add

☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add

 Remove

 Add

☐ Remove

☐ Add

☐ Remove

AM 8:34

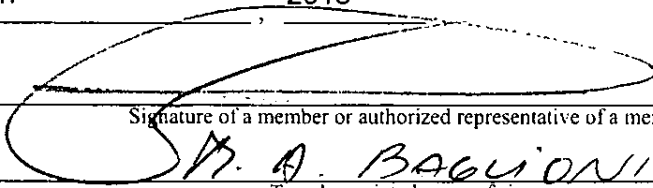
☐ A
☐ R

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 27th, 2015



Signature of a member or authorized representative of a member

M. A. BAGLIONI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 FEB - 5 AM 8:31,
SECRETARY OF STATE
TALLAHASSEE, FLORIDA