Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SMALL BUSINESS RESOURCES USA, IND Account Number : I20040000173

Phone : (407)298-4646 Fax Number : (407)297-0588

**Enter the email address for this business entity to be used for fin annual report mailings. Enter only one email address please.*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRENNAN REALTY GROUP, LLC

SEP 22 AM 10:

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EXAMINER

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September 22, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BRENNAN REALTY GROUP, LLC 1583 E. SILVER STAR ROAD SUITE 209 OCOEE, FL 34761

SUBJECT: BRENNAN REALTY GROUP, LLC

REF: L11000012197

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refex the complete document, including the electronic filing cover sheet.

The document must be signed by a member or an authorized representative of a member.

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Carolyn Lewis FAX Aud. #: H11000230882
Regulatory Specialist II Letter Number: 511A00021900
Registration/Qualification Section

FOX AUDIT # H 11000 230 882 3

		COVERLETTER	-
TO: Registration Division of C			
SUBJECT:		lealty Group, LLC	A AMERICAN PROPERTY OF THE PRO
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		James K. Duerr, CPA	
		Name of Person	
	Small Bu	ısineşs Resources USA	. Inc.
		Firm/Company	
	1601	Park Center Drive, Ste. (5A
		Address	
		Orlando, FL 32835	
	44-	City/State and Zip Code	
	Jį	mD@sbrorlando.com_	
	E-mail address: (to be used for future annual report	notification)
For further information	concerning this matter, please of	eall:	
Jame	es K. Duerr, CPA	at (407)	298-4646
Name	of Person	Area Code & Day	ytime Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	S60,00 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

Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

FAX AWITH H 110002308823

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

2011 SEP 22 AM 7: 44

AMILO	DED OX ORGANIZATION 11	OIT	
	OF	SECF	ETARY OF STATE HASSEE.FLORIDA
Пина	ana Baalka Guarra III G		(UMODEC), COMP
(Name of the Limited Lie	nan Realty Group, LLC	e on our vacorie	
(A Flo	bility Company as It now appeared Limited Liability Company)	S On Out [Stores]	
The Articles of Organization for this Limited Liabil	lity Company were filed on	1/28/2011	and assigned
Florida document numberL1100001219	•		
1 to real document finance			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	: limited liability company her	e:	
		a '	
The new name must be distinguishable and end with th	e words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
•			
Enter new principal offices address, if applicable	e:		
<u>(Principal office address MUST BE A STREET A</u>	DDRESS)		
Enter new mailing address, if applicable:		<u> </u>	
(Malling address MAY BE A POST OFFICE BO)	<u> </u>		
	-		
B. If amending the registered agent and/or r	anistared affine address on a	ur monomia anter ti	he name of the new
registered agent and/or the new registered office		ai iccotas, <u>enai i</u>	te name of the new
Name of New Registered Agent:			
New Registered Office Address:			
VARIABILIA A VINIA VINIA SE	Ent	er Florida street addr	ess
		. Florida	
_	City	, _ 1011111	Zip Code
New Besistant Acestle Signature 10 should be David	4 4 A 4.		

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

Page 1 of 2

FAX ANDIT # H 110002308823

MGR = Manager

FAX AWITH H 11000 2308823

If amending the Munugers or Managing Members on our records, enter the fitle, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = X	lauaging Member		
Title	Name	Address	Type of Action
MGR	Anthony M. Kusky	P.O. Box 561503 Rockladda, EL 32956	Add Remove
MGR	Rob Arnold	801 W. State Boad 436 Suite 2065 Altamonte Springs, FL 32714Sep	Remaye
	Magazini ayar di sasaya tarak ini a sa s		Add Remove
~ ~~ .		الموسود و الموسود الموسود الموسود و المو الموسود و الموسود و المسود الموسود و	Add Remove
. <u></u>			
D. If amend	ling any other information, enter the	auge(s) here: Attach additional sheets. If necessary	
*** .			
ومومدين			FILL 2011 SEP 22 SECRETARY SECRETARY
Dated	September 22	2011 Navosa Wanga	EP 22 M ARETARY OF
		ther we audiorized representative of a momber	
	Lynn Thompson, fo	or Dream House Holdings, Inc., MGRM	NAT :

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Filing Fee: \$25.00