L11000040826

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

C. LEWIS NOV 1 0 2011 EXAMINER

COVER LETTER

Division of	Corporations					
SUBJECT:	UBJECT: Lippek Realty Services, LLC					
	Name of Limited Liability Company					
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.				
Please return all corre	espondence concerning this matte	r to the following:				
	Karl T. Lippek					
Name of Person						
	Lippek Realty Services, LLC					
Firm/Company						
	12	984 Beacon Cove Lane				
	Address					
Fort Myers, FL 33919						
	City/State and Zip Code					
	karl@lippekadvisors.com E-mail address: (to be used for future annual report notification)					
		-	11011)			
For turther information	on concerning this matter, please of	call:				
	Karl Lippek	at (_239_)4	89-3074			
Name of Person		Area Code & Daytime 1	elephone Number			
Enclosed is a check for	or the 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:

J.

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

FILED

2011 NOV -9 PK 1:40

Lippek Realty S (Name of the Limited Liability Compa) (A Florida Limited L	SECR 19 as it now appears on our rederus. A 18 iability Company)	ETARY OF STATE HASSEE.FLORIDA
The Articles of Organization for this Limited Liability Company Florida document numberL11000040826	were filed on 4/5/11	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Lippek Advis	ors, LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	8695 College Parkway, # 2416	
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33919	
Enter new mailing address, if applicable:	8695 College Parkway, # 241	6
(Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, FL 33919	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		
	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 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>	<u>Name</u>	Address	Type of Action			
MGR	Karl T. Lippek	12984 Beacon Cove Lane Fort Myers, FL 33919	Add Remove			
·			□ n			
			Add Remove			
·····			Add Remove			
			AddRemove			
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets, i				
			ZOII NOV -9 ESCHETARY			
			mo me			
Dated	November 7	, <u>2011</u> .	1: 40 ORIDA			
	Signature of	T him the family authorized representative of a member	r			
		Karl T. Lippek	***************************************			
Typed or printed name of signee						

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Filing Fee: \$25.00