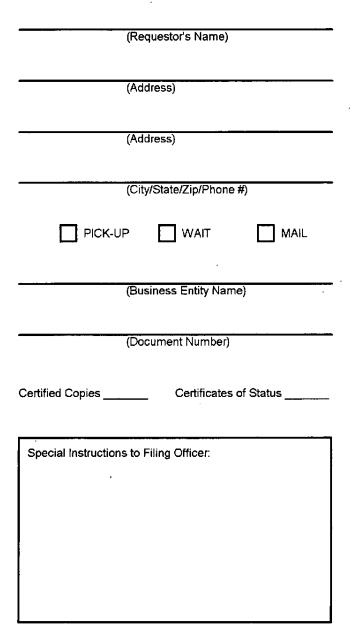
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Office Use Only



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B. BOSTICK

OCT 1 2 2011

EXAMINER

COVER LETTER

	gistration Section rision of Corporations					
SUBJECT:	REO1 LLC					
Bebuile !	Name of Limited Liability Company					
	d Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following:					
	Jaime Godur					
	Name of Person					
	REO1 LLC					
	Firm/Company					
	Address					
	City/State and Zip Code					
	jaime@reollc.com E-mail address: (to be used for future annual report notification)					
For further	nformation concerning this matter, please call:	1007 II FN 4:53				
	Jaime Godur at (561) 654-1333	7				
	Name of Person Area Code & Daytime Telephone Number					
Enclosed is	a check for the following amount:					
☑ \$25.00 F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	e of Status &				
	MAILING ADDRESS: STREET/COURIER ADDRESS:					

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	REO ²							
(<u>N</u> g	me of the Limited Liability Compa (A Florida Limited	any as it now appear Liability Company)	s on our records.)					
The Articles of Organization for this Limited Liability Company were filed on08/22/2011						and assigned		
Florida document number	L11000096401							
This amendment is submitted	to amend the following:							
A. If amending name, enter	the new name of the limited lial	oility company here	e:					
	REO							
The new name must be distingu "L.L.C."	ishable and end with the words "Lim	ited Liability Compar	ny," the designation "I	LC" or 1	he abb	reviation		
Enter new principal offices	address, if applicable:			Fig.				
(Principal office address MU	ST BE A STREET ADDRESS)			≥=	30	22 - K)		
	The state of the s			35.5 U3:	*********	4 197 graza 1 197 graza 1 197 75814		
				77 77	male com			
Enter new mailing address,	if applicable:			1,		, 1252211		
(Mailing address MAY BE A	POST OFFICE BOX)		····	- GE	- 			
				E DA	ಪ			
		· · · · · · · · · · · · · · · · · · ·	ur records, <u>enter t</u> er Florida street add . Florida		e of t	he new		
		City	, FIOFIUX	Zip C	ode			
		-		•				

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:

1

MGR = Manager

MGRM = Managing Member Name <u>Title</u> **Address Type of Action** MGR Marilyn Shapera 16661 Echom Hollow Cir ☐ Add Delray Beach, FL. 33484 Remove ☐ Add Remove ☐ Add ☐ Remove □ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or antiporized representative of a member Jaime Godur

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00