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11 OCT 28 PN 2: 44
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: The Realty Closet UC  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:					
Frances Givan Name of Person					
The Realty Closet, UC					
3956 Town Cente Blud Suite 329					
City/State and Zip Code  Fances advantage AH: COM  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Frances Girau at (407) 473-2311  Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
S25.00 Filing Fee \$\ \text{Certificate of Status}\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\ \text{(additional copy is enclosed)}\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\ (additio					

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 ARTICLES OF ORGANIZATION

FILED

	OF	- 11 OCT	28 PH 2: 44	
The Real	. , , _ ,		EY OF STATE	
(Name of the Limited (A	Liability Company as it now Florida Limited Liability Com	appears on our recorust! pany)	SEE, FLORIDA	
The Articles of Organization for this Limited Li	ability Company were filed of	n_10/3/11	and assigned	
Florida document number <u>L110001</u>	13084			
This amendment is submitted to amend the follow	owing:			
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability	Company," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
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:	Trances	Girau		
New Registered Office Address:	3956 Town	Center Blod : Enter Florida street a		
	Orlando		32837 Zip Code	
	City		Zip Code	
New Registered Agent's Signature, if changing R	egistered 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

Page 1 of 2

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

**Title** Type of Action Name <u>Address</u> ☐ 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.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00