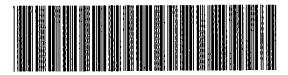
# L11000120401

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #	(1)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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SECRETARY OF STATE

C. LEWIS

JUN 2 5 2013

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co		983F	The segment of the second of t
SUBJECT: TOPT	ENREALESTATEDE Name of Limit	EALS. COM LLC ed Liability Company	· &
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Robert	Name of Person	
		THIS VALUE WAS TOOLS	
	_ lop len Realt	Firm Company	
	801 BRIN	Address # 809	
	Pompano Be	City/State and Zip Code	2
	Bobotopten Re E-unail address: (to	oble used for future animal report notificat	ion)
For further information	concerning this matter, please ca	dl:	
Róbent Name e	Walh of Person	at (754) 283- Area Code & Daytime To	92 // elephone Number
Enclosed is a check for t	he 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:

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

13 JUN 24 PM 4: 12

TOPTEN REAL EST ATED EALS. COM LLC SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on ball MARSSEE, FLORIDA
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	ere filed on /9/3//2011 and assigned
Florida document number \( \frac{1000/3040/}{}	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	it: company here:
A. I antitioning frame. Chief the fiew frame of the minute frame	A Company INTC.
The new name must be distinguishable and end with the words. Limite "L L $\mathbb{C}^{\times}$	d Liability Company." the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	801 BRINY AVENUE
(Mailing address MAY BE A POST OFFICE BOX)	Suite 804
	Pompano Reach FL 33062
	•
B. If amending the registered agent and or registered offic registered agent and/or the new registered office address here:	e address on our records, <u>enter the name of the nev</u>
regimente agrico antoni une new regimente orine attagens nere.	
Name of New Registered Agent: ROBER	T WALSH
New Registered Office Address Suite 80	Finer Florida street address
Pompano	4 POI BRINY AVENUE  Emer Florida street address  Beach Florida 33062  Florida
	. Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
	My Wald
I hereby accept the appointment as registered agent and agree	
the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr	to performance of my duties, and I am tamhar with and grided for in Chapter 608, F.S. Or, it this document is
being filed to merely reflect a change in the registered office of	
company has been notified in writing of this change.	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manage or Managing Member being added or removed from our records</u>:

MGR = Manager	
MGRM = Managing	Member

# EILE B

<u>Title</u>	<u>Name</u>	SECRETARY OF STATE	e of Action
MGRM	William Clazer	JALLAHASSEE. FLORIDA 801 BRINY AVENUE Suite# 303	Add
		Pompono Brock FL 33062	Remove
			Add
			Remove
			Add Remove
			Tom:
			Add
			Remove
41 - 11 - 12 - 14 - 14 - 14 - 14 - 14 -			bb <i>E</i> .
			Remove
			L. J.
-			-Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Place see attached to see how the
	Plage see attached to see how the ED Changer should look 13 JUN 24 PN 4: 12
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	TECAMASSEE, FLORIDA
Dated	June 20 . 2013
	Roy Wall
	Signature of a member or authorized representative of a member
	Robert Walsh
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000120401

Entity Name: TOPTENREALESTATEDEALS.COM, LLC

**FILED** Jan 15, 2013 **Secretary of State** 

### **Current Principal Place of Business:**

801 BRINY AVENUE, SUITE #804 POMPANO BEACH, FL 33062

#### **Current Mailing Address:**

801 BRINY AVENUE, SUITE #303-POMPANO BEACH, FL 33062 US

FEI Number: 45-3635231

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALSH, ROBERT GLAZER, WILLIAM 801 BRINY AVENUE, SUITE #909-POMPANO BEACH, FL 33062 US

The above named entity submits this statement for the purpos changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

RANGE

Manager/Member Detail Detail:

Title

MGRM

Name

WALSH, ROBERT

Address

801 BRINY AVENUE, SUITE #804

City-State-Zip: POMPANO BEACH FL 33062

\_Title

Name

Address. 801 BRINY AVENUE, SUITE #303 City-State-Zip: POMPANO BEACH FL 33062

GLAZER, WILLIAM >

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; red to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM GLAZER

**MGRM** 

01/15/2013