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Г	a	:	

Division of Corporations

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Account Number: 076666002140 Phone : (727)461-1818 Fax Number : (727)441-8617

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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BURSIK & MONROE RECEIVERS AND ASSET MANAGERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

D. BRUCE

NOV 18 2011

EXAMINER

# ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

## **BURSIK & MONROE RECEIVERS AND ASSET MANAGERS LLC** (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on NOVEMB	ER 14, 2011 and assigned	
Florida document numberL11000128692			
This amendment is submitted to amend the following:		,	
A. If amending name, enter the new name of the limited liabi	lity company here:		
BURSIK & MONROE RECEIVERS AND COMME	RCIAL REAL ESTATI	E CONSULTANTS LLC	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the d	lesignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		> · · ·	
Enter new mailing address, if applicable:		AR SS	
(Mailing address MAY BE A POST OFFICE BOX)			
		ORL ORL	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our reco :	rds, enter the misme of the new	
Name of New Registered Agent:			
New Registered Office Address:			
•	Enter Florida street address		
		Florida	
	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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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:

MGRM =	Managing Member		
Title	Name	Address	Type of Action
	440.000		Add Remove
			Add
			Add
D. If smer	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necess	TANGE TO THE
- -			17 M.9:00 ARY OF STATE ASSEE FLORIDA
Dated		per or authorized representative of a member	*
	$\nu$	PETER MONROE ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00