

L11000 177756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

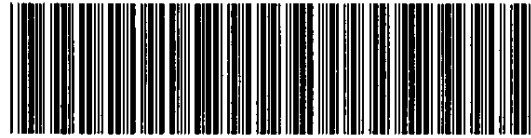
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700264891317

10/06/14--01008--022 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT - 6 PM 12:12

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REO Florida Sales LLC
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:

Joseph Harmon Jr
Name of Person
REO Florida Sales LLC
Firm/Company
621 Stanton Lane
Address
Weston, FL 33326
City/State and Zip Code
nypdhousing@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Harmon at **347** **768-4338**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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:
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**

REO Florida Sales 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 11/23/2011 and assigned Florida document number L11000133356.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

621 Stanton Lane

(Principal office address MUST BE A STREET ADDRESS)

Weston, FL 33326

Enter new mailing address, if applicable:

621 Stanton Lane

(Mailing address MAY BE A POST OFFICE BOX)

Weston, FL 33326

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:

Joseph Harmon

New Registered Office Address:

621 Stanton Lane

Enter Florida street address

Weston

City

Florida

33326

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 605, 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.

Joseph Harmon Jr.
If Changing Registered Agent, Signature of New Registered Agent

FILED
14 OCT -6 PM 12:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager . . .
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|---------------------------|--|
| MGR | Joseph Harmon | 621 Stanton Lane | <input checked="" type="checkbox"/> Add |
| | | Weston, FL 33326 | <input type="checkbox"/> Remove |
| MGR | Heather Barber | 1849 NE 26th Ave #4 | <input type="checkbox"/> Add |
| | | Fort Lauderdale, FL 33305 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

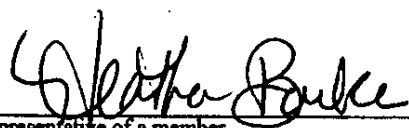
FILED
 4 OCT - 6 PM 12: 22
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 29, 2014.



Signature of a member or authorized representative of a member

Heather BARBER

Typed or printed name of signee

FILED
14 OCT -6 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA