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D. BRUCE

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Talk Real Estate With Rob and Jim 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:

Robert Egan

Name of Person

Florida Talk Real Estate LLC

Firm/Company

884 Garden Ct

Address

Plantation, FL 33317

City/State and Zip Code

Rob@homeytotherescue.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Egan

____954\494**-**0511

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

Talk Real Estate With Rob and Jim LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on December 27, 20)11 and assigned
Florida document number L11000144260		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Florida Talk Real Estate LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		7.0
(Principal office address MUST BE A STREET ADDRESS)		
		AFF G
		SSE 9
Enter new mailing address, if applicable:		mo P M
(Mailing address MAY BE A POST OFFICE BOX)		CONT C
		9
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name 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

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

MGR ≈ Manager MGRM = Managing Member **Type of Action Title** Name **Address** Add Remove Add Remove Remove Remove Add Remove

nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· MS
Signature of a member or authorized representative of a member
Robert Egan
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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