## 11200000014

(Red	questor's Name)	
(Add	dress)	<del></del>
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(City	y/State/Zip/Phone	<del>:</del> #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 31 PM 4: 06

B. BOSTICK

JAN - 3 2013

EXAMINER

## **COVER LETTER**

TO:	Registration Sect Division of Corpo				
SUBJE	CT:	Realty	INVESTMENT Mat	ters LLC	
남리 동신.	To the profitting to	Name of Limit	ed Liability Company		
The end	closed Articles of A	mendment and fee(s) are sub	nitted for filing.		
Please 1	eturn all correspond	dence concerning this matter	to the following:		
		·	Justin 6/1/1/s Name of Person		
			Pla Hy JWISTMEN Firm/Company	+ Matters LZ	_
		30	XV3 Yamato Ref (	C8 #1002	
Est 1	•	[-	BOCA RATUN, FL, City/State and Zip Code	33434 33534	
The on	वस्थातः अनुस्कृतिस्थातः ।	E-mail address: (to	City/State and Zip Code  123 @ be//Sonth,  be used for future annual report notificat	12 DEC 31 SECRETARY ALL AHASS	-11
For fur	ther information cor	ncerning this matter, please ca		रहा <mark>अ</mark>	
: : • •	Name of I	stw 6/11/5 Person	at (561) 7/6 29 Area Code & Daytime To	PH 4: 06 PH 4: 06	Ë
	ed is a check for the	~		<b>A</b>	
\$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	d)
	MAILIN	G ADDRESS:	STREET/COURIER	ADDRESS:	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	Istment Matters, LL	records )
(A Flori	ility Company as it now appears on our da Limited Liability Company)	<u>( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( </u>
The Articles of Organization for this Limited Liabilit		and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the c	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	12 C
(Principal office address MUST BE A STREET AL	DDRESS)	AFE E
.·		31 PH
Enter new mailing address, if applicable:		STATE O
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office	•	ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	ida street address
_		, Florida
	City	<b>Z</b> ip 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 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

<u>Title</u>	<u>Name</u>	Addres	<u>s</u>	Type of Action
M GRM	South Florida Trust Services a	ν <u>ης,</u>	3003 Yamatu Rd.	Add
	•		C8 #1002	
			BOCA ROLLON FL. 33	
				, Add
				Remove
·	•	·		<u> </u>
				Add
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				Remove

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	12/24/12
· · ·	Just Gill
_	Signature of a member of authorized representative of a member
	Typed or printed name of signee  Page 3 of 3
	Filing Fee: \$25.00

12 DEC 31 PM 4: 06
SECRETARY OF STATE
ALL ANASSEE FI OR DA