112000056865

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COVER LETTER

ŤO:

Registration Section
Division of Corporations

SUBJECT

Central Florida Realty Advisors, 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:

Ryan Hinricher

Name of Person

Central Florida Realty Advisors

Firm/Company

8297 Champions Gate Blvd #107

Address

Champions Gate, FL 33896

City/State and Zip Code

hinricher@gmail.com

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

For further information concerning this matter, please call:

Ryan Hinricher

_{,,,,}646 **833-826**5

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

☐S55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐S60.00 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

Central Florida Realty Adviso			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on on Limited Liability Company)	ur records <u>.</u>)	
The Articles of Organization for this Limited Liability Florida document number <u>L12000056865</u>	Company were filed on 4/26/20)13	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Company," th	ne designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
			<u>च</u> ्छे,
		37-177 2167	3
Enter new mailing address, if applicable:			(A)
(Mailing address MAY BE A POST OFFICE BOX)		\$5.	750 37774
(Mauric udaress MAT BE A FOST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and/or regi		57	r'S
registered agent and/or the new registered office ad	dress nere:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	<u> </u>	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brian Opre	1314 Belgrade Ave	Add
		Orlando, FL 32803	Remove
		C/A	
			Remove OS 28 Add
		TRIO A	Remove
			Add Remove
			Add Remove

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
 Dated	10-25-2013 2013
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00