## 112000082344

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2012 SEP - 7 JIH '9: 02

J. SAULSBERRY EXAMINER

SEP 10 2012

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Selective I	Realty Group LLC	
		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Judy Luiz Name of Person	
		Name of reison	
	Sele	ective Realty Group LLC	<u></u>
		Firm/Company	
	38	19 Avalon Park Blvd E	
		Address	<del></del>
		Orlando, Fl 32828	As S
	<u> </u>	City/State and Zip Code	
	judyl@	selectiverealtygroup.com to be used for future annual report notification)	7912 SSF -7 SECRETARY ALLAHASSF
For further information	E-mail address: ( concerning this matter, please of		SEE EI ONI
	looded and	407 706 4044	
Name	Judy Luiz of Person	at (_407_)706-1044 Area Code & Daytime Telephone N	<del> </del>
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy	00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Selecti	ve Realty Group LL	C	
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appe la Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	June 20,2012	and assigned
Florida document number L12000082344	<del></del>		
This amendment is submitted to amend the following	:		
A. If amending name, <u>enter the new name of the l</u>	imited liability company ho	ere:	
The new name must be distinguishable and end with the v.L.L.C."	words "Limited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		22
			<del></del>
		ASS	1
Enter new mailing address, if applicable:	· · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)		'n	(7)
	<del></del>	2:	
		>	2
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		our records, enter th	e name of the nev
registered agent and/or the new registered office a	uuress nere.		
Name of New Registered Agent:			<u> </u>
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 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 = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Judy Luiz	3819 Avalon Park Blvd E Orlando, Fl. 32828	Add Remove
<del></del>			Add Remove
	<del></del>		AddRemove
			Add Remove
			AddRemove
D. If amen	ding any other information, ent	ter change(s) here: (Attach additional sheets, if neces	SECRETARY OF STATE
Dated	September 6,	.,	. •
	Signature of	a member or authorized reputes entative of a member	
	<b>3</b>	Judy Luiz	
		Typed or printed name of signee	

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Filing Fee: \$25.00