

L12000091824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

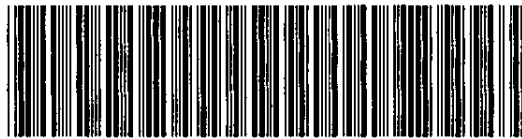
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG - 8 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA REALTY RESULTS REFERRAL GROUP, 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 DOHER

Name of Person

FLORIDA REALTY RESULTS REFERRAL GROUP, LLC

Firm/Company

2023 HICKORY TREE ROAD

Address

ST. CLOUD, FLORIDA 34772

City/State and Zip Code

jdoher@myfloridamove.com

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

For further information concerning this matter, please call:

JOSEPH DOHER

Name of Person

at (407) 325-8163

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLORIDA REALTY RESULTS REFERRAL GROUP 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 07/16/12 and assigned
Florida document number L12000091824.

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:

(Principal office address MUST BE A STREET ADDRESS)

2021 HICKORY TREE ROAD
ST. CLOUD, FLORIDA 34772
FILED
AUG -6 AM 11:46
CLERK OF DISTRICT COURT
HILLSBORO, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 DOHER

New Registered Office Address:

2021 HICKORY TREE ROAD

Enter Florida street address

SAINT CLOUD

City

Florida

34772

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.

Joseph Doherty
If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MR	JEFFREY O PERRY	2023 HICKORY TREE ROAD ST. CLOUD, FLORIDA 34772	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

PLEASE CHANGE STATUS OF JEFF PERRY
FROM MANAGING MEMBER TO JUST A MEMBER
AS REQUIRED BY THE DIVISION OF BUSINESS AND
PROFESSIONAL REGULATIONS.

Dated JULY 30, 2012



Signature of a member or authorized representative of a member

JOSEPH R DONER

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG -6 AM 11:47

FILED