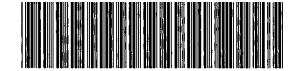
## L12000119911

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
<u>.</u>				

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2012

PAUL D. LAZARUS, ESQ. 100 SE 3RD AVENUE SUITE 2510 FT. LAUDERDALE, FL 33394

SUBJECT: S&R TRUST, LLC. Ref. Number: L12000119911

We have received your document for S&R TRUST, LLC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 812A00024883

## COVER LETTER

TO:	Registration S Division of Co			
SUBJE	·CT·	S&R	TRUST, LLC	
SUBJE			ited Liability Company	
The end	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please 1	return all corresp	ondence concerning this matter	to the following:	
	PAUL D, LAZARUS, ESQ			
			Name of Person	
		PA	UL D, LAZARUS, ESQ	
			Firm/Company	
		100 \$	SE 3RD AVE.SUITE 2510	
			Address	
		FT L	AUDERDALE, FL 33394	
			City/State and Zip Code	
		E-mail address: (	trier700@aol.com to be used for future annual report notification)	
For fur	ther information	concerning this matter, please of		
	ΡΔΙ	IL D LAZARUS	at ( 954 ) 712 1000	
		of Person	Area Code & Daytime Telephone Number	
Enclose	ed is a check for	the following amount:		
<b>\$2</b> 5	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 trassee, 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

FILED

12 OCT 22 AM 10: 28

	S&R TRU	ST, LLC	Sich	ETARY OF STATE	
(Name of the Limited Liability Company as it now appears on our records) LAHASSEE, FLORIDA (A Florida Limited Liability Company)					
The Articles of Organization for this Limited Lia Florida document number L12000119	•	were filed on	9/19/12	and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
S&R RI	EAL ESTATE	SERVICES, LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company,	" the designation "l.	LC" or the abbreviation	
Enter new principal offices address, if applicable:		NA			
(Principal office address MUST BE A STREET					
			<del></del>		
Enter new mailing address, if applicable:		NA			
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered of			records, enter t	he name of the new	
Name of New Registered Agent:	NA	···			
New Registered Office Address:	NA				
		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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM == N	nager Janaging Member	1.	
<u>Title</u>	Name	Address	Type of Action
<u></u>			Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	ary.)
			12 OCT
Dated	Ads	012 150	FILED 1 22 AHIO: ARI OF STA
		er or authorized representative of a member FRED L. SASSO d or printed name of signee	288 RIDA

Page 2 of 2

Filing Fee: \$25.00