# L12000139600

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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J. SAULSBERRY EXAMINER

NOV 15 2012

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Flo	rida <u>Realt</u> Name of Limit	Dros, LLC and Liability Company	<u> </u>
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Arther	Simpson Name of Person	
	Florida	Peul Pros, 1/c Firm/Company	
	115 Orma	and Parkway	ZBEZNOV 13 SECRETARY FALLAHASSE
		Beach, FL 32176 City/State and Zip Code	
	SIMP76 E-mail address: (t	a comail-com o be used for future annual report notificati	TLORIUS SZ
For further information co	ncerning this matter, please ca		> 10
Ar My	Simoson	at ( 386) 336 - 33	
Name of	Person F	Area Code & Daytime Te	elephone Number
Enclosed is a check for the	e 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Real	4 Pros, LLC	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on outlimited Liability Company)	r records.)
The Articles of Organization for this Limited Liability C	ompany were filed on	1 2 and assigned
Florida document number <u>L1200013960</u>	<u>O</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the	e designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		28 FAL
Principal office address MUST BE A STREET ADDR	ESS)	A COR
Enter new mailing address, if applicable:		AND THE STATE OF STAT
Mailing address MAY BE A POST OFFICE BOX)		RATE SE
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida street address
	Civ	_, 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 = Managing Member Title Name **Address Type of Action** Raquel Coneo 700 Twin Creek Lane MGR # 342 Lake Mary, FL 32746 Remove Remove Add Remove . 17 Remove Remove

Remove

, 2017.
nature of a member or authorized representative of a member
Arthr Simpson Typed or printed name of signee
<u> </u>

Filing Fee: \$25.00

SECRETARY OF STATE