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SECRETARY OF STATE
ANASSEE, FI ORIDA

J. BRYAN

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

REALVESTAR REALTY 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:

Derek A. Schwartz, Esq.

Name of Person

Derek A. Schwartz, P.A.

Firm/Company

4755 Technology Way, Suite 205

Address

Boca Raton FL 33431

City/State and Zip Code

derekaschwartz@comcast.net

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

For further information concerning this matter, please call:

Derek A. Schwartz

561 981-8089

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

□\$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

TALLED MONTE

REALVESTAR REALTY LLC

company has been notified in writing of this change.

(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 Compar	ny were filed on December 18, 2012	_ and assigned		
Florida document number L12000157954				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and end with the words "Lir"L.L.C."	mited Liability Company," the designation "LLC	" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
IMMUNIC UNIVESS MAT DE ATOST OF THE BOXY				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		name of the new		
New Registered Office Address:				
	Enter Florida street address, Florida City Zip Code			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>			
I hereby accept the appointment as registered agent and at the provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office	mplete performance of my duties, and I am is provided for in Chapter 608, F.S. Or, if	familiar with and this document is		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John O'Neal	9300 Chelsea Drive N	Add
		Plantation, FL 33324	Remove
			Add
			Remove
		TALLAH	
		HASSE, FLO	
		RIO A	Add Add
			Remove
			Add
			Remove
			Add
			Remove

D. If amending any other informat	tion, enter change(s) here: (Attach additional sheets, if necessary.)
Dated December	<u>2012</u>
	2000
Sig	nature of a member or authorized representative of a member
	ohn (Negl
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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