113000047424

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
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2013 JUL -8 MM D: 36
SECRETARY OF STATE

JUL - 9 2013 T CLINE

COVER LETTER

	stration Section of Corp				
SUBJECT: _	THE	REALTOR	REGISTRY	Y LLC	
			Name of Limite	d Liability Company	
The enclosed A	Articles of	Amendment and	fee(s) are subn	nitted for filing.	
Please return a	ll correspoi	ndence concerni	ng this matter to	o the following:	
}		GREG	ory M.	PETT Name of Person	
		THE	REALTOR	REGISTRY LLC Firm/Company	
	•	1600	BLUE JO	Address	FL 33327
: :		Gres	ory M Fe	City/State and Zip Code The Jahoo was be used for future annual report notifications.	ALCO SECONDARY
For further infe	ormation co	E oncerning this n			
Gre	907 Name of			at (95) 604-44 Area Code & Daytime	
;	Mame of	reison		Area Code & Dayune	Em &
Enclosed is a	check for th	e following am	ount:		
\$25.00 Fili	ing Fee	□\$30.00 Fili Certifica	ng Fee & ite of Status	Q\$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

THE REALTOR REGISTRY	LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comparing Horida document number 130000 47424	j	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Real Estate Agent Registry		
The new name must be distinguishable and end with the words "Li."L.C."	mited Liability Company," the designation	ation "LLC" or the abbreviation
		- :
Enter new principal offices address, if applicable:		700
(Principal office address MUST BE A STREET ADDRESS)		
1		16.7 0 M
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida stre	eet address
·	, Flori	· · · · · · · · · · · · · · · · · · ·
	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

<u>Title</u>	Name	Address	Type of Action
MGMR	GREGORY M FEIT AND PAMELA L FEIT AS	WESTON, FL 33327	Add
	TENANTS BY THE ENTIRETIES	MEZ 10N' 1 C 333%	Remove
MGR	MICHEAL BARAM	3832 W. HiBiscus ST	Add
;		WESTON FL 33392	Remove
:		TALL	Add
; }			Add Remove
1			Add
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JULY	5 th	2013	7	
JULY	5 th	_, 2013		
JULY			M. ized representative	of a member
INTA	Signature	e of a member or author	-	e of a member
	Signature		FEIT	e of a member
	Signature	of a member or author	FETT name of signee	e of a member

THE LE LY OF STATE SECRETARY OF STATE