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2013 MAY - 1 PM 12: 43
SECRETARY OF STATE
TALL AHASSEF, FLORIDA

B. BOSTICK
MAY - 2 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

Realtor Exclusive, 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:

Beky M Baldomino

Name of Person

Realtor Exclusive, LLC

Firm/Company

9 SE 11 Ave Suite A

Address

Pompano Beach FL 33060

City/State and Zip Code

beky.m.baldomino@gmail.com

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

For further information concerning this matter, please call:

Beky Baldomino

_{...}954 **.662-9048**

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

Realtor Exclusive, LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea	rs on our records.)	701 XX
(A Florida Limited L	Jability Company)		FE 37
The Articles of Organization for this Limited Liability Company	were filed on 04	/05/2013	Hand assigned
Florida document number L13000050577			SS
Florida document number 2:000000.			mo - I'
			一一三
This amendment is submitted to amend the following:			PH 12: 43
_			85F 3
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	·1-3-a
The new name must be distinguishable and end with the words "Limi	ited Liability Comp	any," the designation	"LLC" or the abbreviation
"L.L.C."			
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)			
Intuiting municipality DEA FOST OFFICE BOAY			
B. If amending the registered agent and/or registered of		our records, enter	the name of the new
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			<u></u>
New Registered Office Address:		711 11	f.)
	Enter Florida street address		
		, Florida _	tre .
 -	City	-	Zip Code
New Registered Agent's Signature, if changing Registered Agent;	i		
	•		

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 = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Ana Armua	9 SE 11 Ave Suite A	Add
		Pompano Bech FL 33060	Remove
MGR	Becky M Baldomino	9 SE 11 Ave Suite A	Add
		Pompano Beach FL 33060	Remove
			Add
			Remove
		7. F	2013 MAY A
			Remove-
		•	Add
			Remove
			Add
		,,	Remove

Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE, FLORID,