# L17 0000 8299L

| (Requestor's Name)                      |  |
|---|--|
| (Address)                               |  |
| (Address)                               |  |
| (City/State/Zip/Phone #)                |  |
| PICK-UP WAIT MAIL                       |  |
| (Business Entity Name)                  |  |
| (Document Number)                       |  |
| Certified Copies Certificates of Status |  |
| Special Instructions to Filing Officer: |  |
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SEP 03 2015 J SHIVERS

## **COVER LETTER**

| TO:       | Registration Se<br>Division of Cor |  |
|-----------|------------------------------------|--|
| SUBJEC    |                                    | THFLORIDA LLC  |
| SUBJEC    | -1; <u> </u>                       | Name of Limited Liability Company  |
|           |                                    | Amendment and fee(s) are submitted for filing.   |
| Please re | turn all correspo                  | ndence concerning this matter to the following:  |
|           |                                    | DAVID DAVIDIAN   |
|           |                                    | Name of Person   |
|           |                                    | REALSOUTHFLORIDA LLC   |
|           |                                    | Firm/Company   |
|           |                                    | 4400 N FEDERAL HIGHWAY, SUITE 120  |
|           |                                    | Address  |
|           |                                    | BOCA RATON, FL 33431   |
|           |                                    | City/State and Zip Code  |
|           |                                    | DAVIDYDAVIDIONA @ADL・COM  E-mail address: (to be used for future annual report notification)   |
| For furth | er information c                   | oncerning this matter, please call:  |
| DAVID     | DAVIDIAN                           | (561) 306-4030  at (561  Area Code  Daytime Telephone Number   |
|           | Name o                             | Person Area Code Daytime Telephone Number  |
| Enclosed  | l is a check for th                | e following amount:  |
| \$25.0    | 00 Filing Fee                      | □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

| REALSOUTHFLORIDA LLC   |  |   |                        |  |  |  |  |  |  |
|--|--|---|------------------------|--|--|--|--|--|--|
| ( <u>Name of the Limiter</u><br>(/   | Liability Compan<br>V Florida Limited Li | y as it now appears on our records.)<br>lability Company) |                        |  |  |  |  |  |  |
| The Articles of Organization for this Limited Lia Florida document number L13000082996     |  |   | and assigned           |  |  |  |  |  |  |
| This amendment is submitted to amend the follow  | ving:                                    |   |                        |  |  |  |  |  |  |
| A. If amending name, enter the new name of t   | he limited liabil                        | lity company here:  |                        |  |  |  |  |  |  |
| The new name must be distinguishable and contain the wor                                   | rds "Limited Liabilit                    | ty Company," the designation "LLC" or the                 | abbrqviation "L.L.C."  |  |  |  |  |  |  |
| Enter new principal offices address, if applical   | ble:                                     | 4400 N FEDERAL HIGHWAY                                    |                        |  |  |  |  |  |  |
| (Principal office address MUST BE A STREET   |  | SUITE /20   |                        |  |  |  |  |  |  |
|  | _  | BOCA RATON, FL 33431                                      |                        |  |  |  |  |  |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B         | <u>0X)</u>                               | 4400 N FEDERAL HIGHWAY SUITE 120                          |                        |  |  |  |  |  |  |
|  |  | BOCA RATON, FL 33431                                      |                        |  |  |  |  |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered offi |  | ;   | r the fiame of the new |  |  |  |  |  |  |
|  | 4400 N FEDER                             | AL HIGHWAY, SUITE 120                                     |                        |  |  |  |  |  |  |
| New Registered Office Address:   |  | Enter Florida street address                              | AH IO: 5:              |  |  |  |  |  |  |
|  | BOCA RATON                               | Florida   | 1943) S                |  |  |  |  |  |  |

#### 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 605. 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | Address                       | Type of Action    |
|--------------|------------------|-------------------------------|-------------------|
| MGMR         | ELENA SHCHEPETOV | 661 BOCA MARINA COURT         | Add               |
|              |                  | BOCA RATON, FL . <b>33487</b> | ■ Remove          |
|              |                  |                               | Change            |
| MGMR         | DAVID DAVIDIAN   | 4400 N FEDERAL HIGHWAY        | ■ Add             |
|              |                  | SUITE 120                     | ☐ Remove          |
|              |                  | BOCA RATON, FL 33431          | <u> </u>          |
|              |                  |                               | Add               |
|              |                  |                               | □ Remove          |
|              |                  |                               | ☐ Change          |
|              |                  |                               | Add               |
|              |                  |                               | Remove            |
|              |                  |                               | Change            |
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|              |                  | <del></del>                   | □ Remove          |
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| fective                    | date, if oth                      | er than t     | he date o                  | f filing              | <b>:</b>      | 3/2015                 |           |                          |             | (opt                    | ional)                     |               |                      |                     |
| n effectiv<br>ote:    f  t | ve date is liste<br>he date inser | 1, the date n | nust be speci<br>block dos | eific and<br>es not m | cannot b      | e prior to<br>annlicat | date of t | iling or n<br>tory filin | nore than 9 | 0 days afte<br>ments th | er filing.) F<br>is date w | ursu<br>ill n | iant to (<br>of he l | 605.020<br>listed a |
| cument'                    | 's effective o                    | ate on the    | Departme                   | ent of St             | ate's re      | cords.                 |           |                          | B (         |                         |                            |               |                      |                     |
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Filing Fee: \$25.00