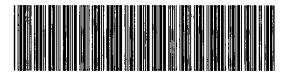
LIRACIYA CONTRACTOR

| (Re | questor's Name) | |
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COVER LETTER

| TO: Registration S Division of Co | | | | | |
|--------------------------------------|--|---|---|-----------------|---------------|
| SUBJECT: R | eoRealtor LLC | | | | |
| | Name of Limi | ited Liability Company | | | |
| The enclosed Articles of | `Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | • | |
| | Lisa r | M. Belcher Name of Person | | | |
| | Reokeal | br LLC Firm/Company | | | |
| | 125 52nd | Avenue N. Address | | | |
| | St. Peter | Shura, FL. 33703 City/State and Zip Code | | 2015 F | emegraph. |
| | Teambe E-mail address: (| Icherfle amail. Co be used for future amphal report notif | Com Sication) | 2015 MAR III | |
| For further information | concerning this matter, please co | all: | 4 | 19 PX | - Comment |
| | 1. Belcher of Person | at (<u>727</u>) <u>455-</u> Area Code Daytime | 2876 Telephone Number | 3: 13 5::ALS | ا فن جههما |
| 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) | Sectificate of Certified Copy (additional copy) | Status & y | |

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

| Reo Realtor, LLC | |
|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | ny as it now appears on our records.) lability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 13000140039</u> . | were filed on October 4, 2013 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| Belcher Realty Group LLC The new name must be distinguishable and with the words "Limited Liabi | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 125 52ND AVE N. |
| (Principal office address MUST BE A STREET ADDRESS) | ST. PETERSBURG, FL. 33703 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | SAME AS AMONE AMONE AS AMONE AS AMONE AS AMONE AMONE AS AMONE AS AMONE AS AMONE AMONE AMONE AS AMONE A |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: | fice address on our records, enter the name of the new |
| New Registered Office Address: | |
| New Registered Office Address. | Enter Florida street address |
| • | City , Florida |

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| MGR = Ma AMBR ≐ Au | anager uthorized Member | | |
|-----------------------|----------------------------|----------------|------------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| ffective date, if other than the date of filing: he effective date must be specific, cannot be prior to date of receipt or filed date and he date this document is filed by the Florida Department of State) | cannot be more than 90 days after |
| the date this document is filed by the Florida Department of State) | cannot be more than 90 days after |
| rated March 9th , 2015. | |
| The effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State) Dated | |
| ted March 9th , 2015. | |

Page 3 of 3

Filing Fee: \$25.00

