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Office Use Only



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SECRETARY OF STATE
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COVER LETTER

	gistration Se vision of Cor				
SUBJECT:		al Estate Support Services 2, I	LC		
SUBJECT.		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		Steven R Brown			
Name of Person					
National Real Estate Support Services 2, LLC					
Firm/Company					
		550. N. Reo St. Suite 300			
			Address		
		Tampa, Florida 33609			
			City/State and Zip Code	· ·	
		steve@rentitnetwork.com	. 1 1		
			to be used for future annual report notificati	on)	
For further i	nformation co	oncerning this matter, please ca	all:		
Steven Brow	<i>w</i> n		813 864-9515 ext 101		
	Name of	Person	at () Area Code Daytime Tel	ephone Number	
Enclosed is	a check for th	e 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

National Real Estate Support Services 2		
(Name of the Limited I	lability Company as it now appears on our provided Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabi	lity Company were filed on 11/01/2013	and assigned
Florida document number L13000154483	 •	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
		<u> </u>
		CREE TO
Enter new mailing address, if applicable:		5 5
(Mailing address MAY BE A POST OFFICE BO	<i>x</i> ₂	96 0 m
		95 7
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	addrana
	Enter Florida Street (
-	City	, Florida Zip Code
	• •	<u> </u>

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 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
AMBR	Patrick Emrich	550 N. Reo St. Suite 300	
		Tampa FL 33609	Remove
			Change
<u>coo</u>	Patrick Emrich	550 N. Reo St. Suite 300	
		Tampa FL 33609	■ Remove
			Change
			Remove
			□ Change
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	23 NDA
fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicab cument's effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to 605.020
record specifies a delayed effective date, but not a fine 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier o
ated Acquest 16, 2016	
Signature of a member or authori	zed representative of a member
Dimini of a monitor of auditor	

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Typed or printed name of signee

Filing Fee: \$25.00