

**L14000150356**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2015 NOV -2 P 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 03 2015  
J BRUCE

To whom it may concern,

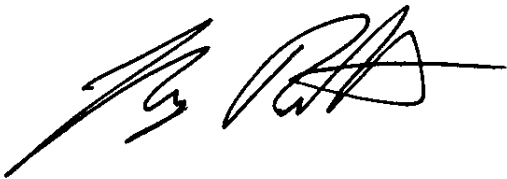
(this letter of consent is to accompany the attached amendment form)

I, Raymond Butterfield, hereby authorize consent to change the name of "Hemingway Realty, LLC" to "Real Estate Management Partners, LLC" as I am a Managing Member of both companies and hereby agree/consent to use of the name "Real Estate Management Partners, LLC" as a company that I already manage. Under normal circumstances a name would need to be unused and available to be used as a new name, but in this case, I am a managing member of both companies and with this letter hereby consent to re-use and implementation of the name "Real Estate Management Partners, LLC" as the new and transferred name on the company previously known as "Hemingway Realty, LLC".

If you have any questions regarding this name change or amendment please feel free to contact me directly at 407.325.0212 or via email at [ray@theFloridaPropertyNetwork.com](mailto:ray@theFloridaPropertyNetwork.com)

Thank you for your prompt filing of this amendment.

Best regards,



Raymond Butterfield, Qualifying Broker/Managing Member

Real Estate Management Partners, formerly known as Hemingway Realty, LLC

407.325.0212

[Ray@theFloridaPropertyNetwork.com](mailto:Ray@theFloridaPropertyNetwork.com)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Hemingway Realty, 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:

Noah Bressack

\_\_\_\_\_  
Name of Person

Real Estate Management Partners, LLC

\_\_\_\_\_  
Firm/Company

4626 Legacy Park Drive

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

Tampa, FL 33611

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

For further information concerning this matter, please call:

Noah Bressack

813

494-2595

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Hemingway Realty, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/25/2014 and assigned  
Florida document number L14000150356.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Real Estate Management Partners, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," 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)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA  
(National)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_, \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Raymond Butterfield  
\_\_\_\_\_  
Typed or printed name of signee