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SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATION

MAY 28 2015

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COVER LETTER

	ition Section of Corporations		
CIID INCT.	FOSTER RI	EALTY CONSULTING LI	_C
SUBJECT:	Name of L	imited Liability Company	·
The enclosed Art	cles of Amendment and fee(s) are s	ubmitted for filing.	
Please return all o	correspondence concerning this matt	er to the following:	
	•	ELMER W FOSTER	
		Name of Person	
	FOS	STER REALTY CONSUL	TING LLC
		Firm/Company	
		1961 SW 162 AVENUE	
		Address	
		MIRAMAR, FL 33027	
•	·	City/State and Zip Code	- mile -
		R.FOSTER@GMAIL.CO	•
For Control in Com-		s: (to be used for future annual repor	t notification)
	nation concerning this matter, please		
ELMER FOSTER		954 at ()	900-9994
	Name of Person	Area Code Da	sytime Telephone Number
Enclosed is a chec	ck 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:	STREET/CO	SECRETAR SECRETAR SECRETAR SURIER ADDRESS:
	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration S Division of Co Clifton Buildi 2661 Executiv	ection prporations
		Tallahassee, F	

FILED SECRETARY OF STATE STATES OF CORPORATION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOSTER REALTY CONSULTING 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 NOVEMBER 25, 2014 and assigned L14000182412 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Elmer Foster LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." (N/A)Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) (N/A) 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: (N/A) Name of New Registered Agent: New Registered Office Address: Enter Florida street address , 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

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability it a

company has been notified in writing of this change.

			Sec.
Authorized	Member being added or removed from	m our records:	
MGR = M AMBR = A	•		,
<u>Title</u>	Name	Address	Type of Action
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E. 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 cannot be more than 90 of the date this document is filed by the Florida Department of State) Dated MAY 22 , 2015 Dated	necessary.)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 d the date this document is filed by the Florida Department of State) MAY 22 2015	,
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the date this document is filed by the Florida Department of State) MAY 22 2015	ptional)
Dated MAY 22 , 2015	ays after
Dated	
Comment Total On	
Signature of a member or authorized representative of a member	
Elmer W Foster Typed or printed name of signee	

15 MAY 27 PM 1:2

15 MAY 27 PM 1: 28

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Filing Fee: \$25.00