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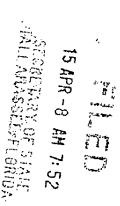
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Special Instructions to Fi	iling Officer:	

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COVER LETTER

TO:		istration Sectision of Corp			·	
CUD IE	CT.	Reit Realt	y Brokers, LLC			
SUBJE	CI;		Name of Lim	ited Liability Company		
			mendment and fee(s) are sub	•		
			Mary Falduto			
				Name of Person		
			The Learning Exper	ience		
				Firm/Company		
			4855 Technology Way, Suite 700			
				Address		
			Boca Raton, FL 334			
			mfalduto@tlecorp.co	fication)		
For furt	her in	nformation cor	ncerning this matter, please ca	·		
Mary	Falc	duto		561 886-6400		
		Name of F	Person		e Telephone Number	
Enclose	d is a	check for the	following amount:			
■ \$25	.00 F	iling 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

Reit Realty Brokers, 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 12/02/2014 and assigned Florida document number L14000184326
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Silverlining Realty Group, LLC
The new name must be distinguishable and end with 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 negistered agent and/or the new registered office address here:
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 Gode comme
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 to 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Acti
			□ Remove
			□ Add
			Remove
			Add
			
			Add
			□ Remove
		·····	Remove
			Add
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If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
Effect (The eff the da	tive date, if other than the date of filing:
Dated	, 04/07/2015
Dated	01100110011
	Signature of a member or authorized representative of a member
	Michael Weissman
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SIANE