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11/30/2015



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

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COVER LETTER

TO: Registration S Division of Co		
Real Esta	late Carecrs, LLC	
Scage C	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Cheyenne Moseley	
	Name of Person	
	Legalzoom.com, Inc.	
	Firm/Company	
	100 W. Broadway Suite 100	
	Address	
	Glendale, CA 91210	
	City/State and Zip Code	
	clintrobards@yahoo.com E-mail uddress: (to be used for future unusal report notification)	
For further information of	concerning this matter, please call:	
Imelda Vasquez	323 962-8600 ext 7950.	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

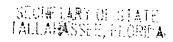
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

2815 NOV 30 AH 8: 50

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Real Estate Careers, LLC		•	
(Name of the Limb	ed Liability Company (A Florida Limited Liu	us it now appears on ou bility Company)	records.)
The Articles of Organization for this Limited Li Florida document number L15000092347			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liabilit	y company here:	
The new name must be distinguishable and end with the	words "Limited Liabilit	y Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	TADDRESS)		
	-		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/or the new registered off	or registered offic	e address on our r	ecords, enter the name of the new
Name of New Registered Agent:	ROGER R ROB	ARDS	
New Registered Office Address:	3070 Quatum La	Enter Florida stree	
	Boynton Beach		, Florida 33426 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing R	enistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete pe tered agent as pro egistered office ad hange.	rformance of my dur wided for in Chapter dress hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is

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AMBR

AMBR

___ 🗹 Remove

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 = Manager
AMBR = Authorized Member

Title Name Address

ASHLEY ROBARDS

ROGER R ROBARDS

Address Type of Action

3070 QIATUM LAKES DR.

Add

BOYNTON BEACH, FL 33426

3070 QIATUM LAKES DR.	
BOYNTON BEACH, FL 33426	🖸 Remove

□ Remove

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 	 		Remove

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D. If amending any other information, enter change(s) here: (Atta	ach additional sheets, if necessary.)
	·
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 the date this document is filed by the Florida Department of State)	(Optional) and cannot be more than 90 days after
Dated November 30th 2015	
	abarals
Signature of a member or alithorized re	presentative of a inclined
Signature of a meinber or altimorized for Roger R Robi Typed of printed name	ards

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Filing Fee: \$25.00

