

44000130263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

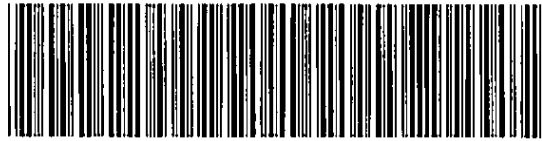
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09/06/18--01010--016 \*\*25.00

2018 OCT -1 PM 12:36  
SECRETARY OF STATE  
ATTN: AMANDA P. FROST

FILED

M. MILLIGAN

OCT 03 2018



*Resending OK 9/28/18  
with Articles of Organization  
included. Bette Rabbitt*

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2018

RABBITT REALTY LLC  
ATTN: BETTE L. RABBITT  
5243 OLD ASHWOOD DR  
SARASOTA, FL 34233

SUBJECT: CAPITAL REAL ESTATE & INVESTMENTS LLC  
Ref. Number: L16000130263

We have received your document for CAPITAL REAL ESTATE & INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

To properly change the name of the limited liability company, please complete and return the enclosed articles of amendment. The conversion is not the proper form to make such change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 718A00019262

2018 OCT -1 AM 10:54

*Phone call to Div of Corp  
09/28/2018. Direction  
given.*

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Rabbitt 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:

Bette L Rabbitt  
Name of Person  
Rabbitt Realty LLC  
Firm/Company  
5243 Old Ashwood Dr  
Address  
Sarasota Florida  
City/State and Zip Code  
betterabbitt@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bette L Rabbitt at (941) 404-0045  
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

L 16000130263  
7/11/2016

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Capital Real Estate Investment 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 July 11, 2016 and assigned  
Florida document number L 16000130263

FILED  
2016 OCT -1 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

Rabbitt Realty 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)

\* SAME

5243 Old Ashwood Dr  
Sarasota Florida  
34233

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:

\* SAME

Name of New Registered Agent:

Bette L. Rabbitt

New Registered Office Address:

5243 Old Ashwood Dr

Enter Florida street address

Sarasota Florida FL 34233

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.

Bette L. Rabbitt  
If Changing Registered Agent, Signature of New Registered Agent

9/27/16  
PORTER

\* SAME  
\*(NO CHANGE)

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

*N/A*

<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
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*  
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 09-27-2018 \_\_\_\_\_ President  
Bette L. Rabbitt \_\_\_\_\_ Broker/Owner  
Signature of a member or authorized representative of a member  
Bette L. Rabbitt \_\_\_\_\_  
Typed or printed name of signee

3004549

FILED  
2018 OCT -1 PM 12:36  
SECRETARY OF STATE  
TREASURER