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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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D. SCOTT MAR. 2 2017

COVER LETTER

ORLAND	O REAL ESTATE INSTITUTI	ELLC		
SUBJECT:		nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	KEVIN JOHNSON			
		Name of Person		
	ORLANDO REAL ESTA	TE INSTITUTE LLC		
		Firm/Company		
	401 W COLONIAL DRIV	'E, SUITE I		
		Address		
	ORLANDO, FL 32804			
	kevin@orlandorealtyservice	City/State and Zip Code es.com		
	•	to be used for future annual report notific	ation)	
For further information	concerning this matter, please c	all:	TALK TALK	
KEVIN JOHNSON		407 579-7878 at ()	高高	FIL
Name	of Person		Celephone Number	
Enclosed is a check for t	the following amount:		93 4	- • • •
\$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)	ب

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

ORLANDO REAL ESTATE INS			
(Name of the Lim	ited Liability Cor (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited lands document number L16000165142	Liability Comp	any were filed on <u>09/02/2016</u>	and assigned
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited l	liability company here:	
ONEBLUE REAL ESTATE SCHOOL LLC			
he new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Inter new principal offices address, if appli	icable:	N/A	
Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	2	
			.
nter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
			<u>.</u>
. If amending the registered agent and egistered agent and/or the new registered	•		ter the name of the r
Name of New Registered Agent:	N/A	·	SEE 1 10 10 10 10 10 10 10 10 10 10 10 10 1
Name of New Registered Agent:			65 W
New Registered Office Address:		Enter Florida street address	<u> </u>
		Liner i wride sireer duaress	٠
		, Florida	•
		Citv	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager ·
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Add
			□ Remove
			Add
			☐ Remove
			☐ Change
			17 Add FILL SECRETA
			Remoye
	·		
			Add
			Remove
			☐ Change

Effective date, if other than the date of filing: (() 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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The 90th day after the record is filed. Dated Signature of a member or authorized representative of a member KEVIN JOHNSON	. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necession)	sary.)
Effective date, if other than the date of filing: Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member			
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Signature of a member or authorized representative of a member			m. on the earlier of:
Signature of a member or authorized representative of a member	Dated	1	
		Signature of a member or authorized representative of a member	
•		Signature of a member of authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00