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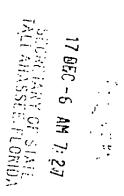
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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### **COVER LETTER**

TO: Registration S Division of Co			
RESOP RI SUBJECT:	EALTORS, LLC.		
SUBJECT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RYAN RESOP		
		Name of Person	
	RESOP REALTORS		
	-	Firm/Company	<del></del>
	1745 S 19TH AVE SUITE	2	
		Address	
	BOZEMAN, MT 59718		
	RYAN@BOZEMANBROK	City/State and Zip Code CERS.COM	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
RYAN RESOP		406 579-4348 at () Area Code Daytime	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESOP REALTORS, LLC.		
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number	y Company were filed on	and assigned
his amendment is submitted to amend the following	<b>5</b> .	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or	the abbreviation "L.IC."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office a		nter the name of the
Name of New Registered Agent:		- 35 <del>6</del>
New Registered Office Address:	Enter Florida street address	F0 1
	Floric	
<del></del>	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.

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	RYAN RESOP	1745 S 19TH AVE SUITE 2	<b>≅</b> Add
		BOZMEMAN, MT 59718	☐ Remove
			Change
MGR	PATRICK RESOP	1745 S 19TH AVE SUITE 2	□ Add
		BOZEMAN, MT 59718	■ Remove
			Change
			☐ Remove
			Change
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			Remove
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			Change
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			□ Remove
			Change

AND REPLACE WITH RYAN RES	OPAS BOTH REGISTE	RED AGENT AND A	UTHORIZED MAI	NAGER.
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ord specifies a delayed effect	tive date, but not ar	n effective time, a	it_12:01 a.m. or	the earli
90th day after the record is	rilea.			
NOVEMBER 29	2017		( - )	
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Signatu	re of a member or authorized	d representative of a mei	mner	

Page 3 of 3

Filing Fee: \$25.00