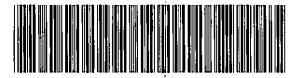
## L17000148393

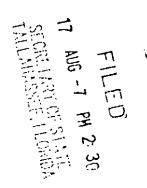
(Reques	stor's Name)	
(Addres	s)	
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(City/Sta	ate/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busine	ss Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filin	g Officer:	

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## **COVER LETTER**

Division of Co	n por actoris		
REALTO	R ROB, LLC to be changed to R	RT Real Estate LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ROBERT THOMPSON		
		Name of Person	
	RT Real Estate LLC		
		Firm/Company	<del></del>
	1310 5TH TERRACE NW	,	
		Address	
	LARGO, FL 33770		
	<del></del>	City/State and Zip Code	
	realtorrob15@gmail.com		<u> </u>
		to be used for future annual report notific	一
For further information	concerning this matter, please co	all:	続うこ
Robert I	hompson	at(727) 667	-9467 = 3
Name	of Person	Area Code Daytime	-9467 Telephone Number
Enclosed is a check for	the following amount:		77 O
■ \$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)

 ${\bf MAILING~ADDRESS:}$ 

TO:

Registration Section

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

REALTOR ROB, 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  $\frac{07-11-2017}{1}$ and assigned Florida document number L17000148393 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RT REAL ESTATE, 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) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

, Florida

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>	Address	Type of Action
			□ Remove
			Change
			□ Remove
			_
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		Change	
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			Change
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				23
				图 6 7
1: ffor	ative date if other than the date	of filing.		
(If an e	etive date, if other than the date effective date is listed, the date must be sp	pecific and cannot be prior to	date of filing or more than 90 da	ays after filing.) Pursuant to 605.0207 (.
Note:	If the date inserted in this block dement's effective date on the Departr	oes not meet the applicabl	le statutory filing requireme	nts, this date will not be lighted as the
	'			,
the re	ecord specifies a delayed effe	ective date, but not a	an effective time, at 12	2:01 a.m. on the earlier of:
	e 90th day after the record i		.,	
	AUGUST 4	2017		
Dated	AUGUST 4			
	Signa	ture of a member or authoriz	red representative of a member	
	-			
	ROBERT THOMPSON, MG			

Page 3 of 3

Filing Fee: \$25.00