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Division of Corporations
SUBJECT: Realistic RU Services 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:
Peter M Parollili III Name of Person
Realistic RU Services
Firm/Company
4026 VistA Verde DR API 6
New Port Ricky fl. 34655 City/Stak and Zip Code
RRUSLICO YALOO COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeter M. Paollili III a. (727) 226.5426
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \rightarrow \text{\$55.00 Filing Fee & \text{Certified Copy (additional copy is enclosed)} \rightarrow \text{\$60.00 Filing Fee.} \\ \text{Certified Copy (additional copy is enclosed)} \rightarrow \text{\$60.00 Filing Fee.} \\ \text{Certified Copy (additional copy is enclosed)} \rightarrow \text{\$100 Filing Fee.} \\ \text{Certified Copy (additional copy is enclosed)} \rightarrow \text{\$100 Filing Fee.} \\ \text{Certified Copy (additional copy is enclosed)} \rightarrow \text{\$100 Filing Fee.} \\ \text{Certified Copy (additional copy is enclosed)} \rightarrow \text{\$100 Filing Fee.} \\ \text{Certified Copy (additional copy is enclosed)} \\ Certified Copy (additional
Mailing Address: Registration Section Street Address: Registration Section

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

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION

OF

Realistic RU Servic- (Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L.2.00006.2832</u> .	· ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4026 Vista Werde De
(Principal office address MUST BE A STREET ADDRESS)	APT 6 NOW PORTRICKEY FL 34655
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4026 Vista Verde DR APT: 6 New Port Richey
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registe
Name of New Registered Agent: Peter	M Paroceili III
New Registered Office Address: 4026	M Pagaliti III Uista Verde DR Aft 6 Enter Florida street address
	City Storida Street datress Port Richery Street datress Florida 34655 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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

MGR = M $AMBR = A$	lanager Authorized Member		
Title	Name	Address	Type of Action
MGR	Peter M PAOLILIM	I 4026 vista verde DR AF	76 QAdd
	•	New Port Richary FL 34657	Remove
			Change
AMBR	Crystal Paolicia	4026 Uista verde D-APT	6 PAdd
		4026 vista verde DrAPH New Port Richey 12 3463	Remove
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