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Amend Thewis 3-4-10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LEVIN	AND	RINKE	RESORT	- REAL	TY, INC.
DOCUMENT NUMBER:	000000	4230	9		· 	
The enclosed Articles of Amendmen	t and fee are su	bmitted for	r filing.			
Please return all correspondence con	cerning this ma	itter to the	following:			
	NATALI Name o	E More of Contact Pe	<u>NORE</u> rson			
LEVIN.	AND RIN	KE K m/ Company	LESORT	REALTY		
10 PORT	BPINO Z	Address	 	- ,	SECRET SEARCH	RECE
PENS	ACOLA City/ St	BEACH tate and Zip (FL Code	3254/	ARY OF S	
natalie m E-mail addres	S to be used for	trealt	n life. co	on)	Y OF STATE SEE.FEORIDA	WE S
For further information concerning the	nis matter, pleas	se call:				
Dave Jacobi Name of Contact Person		at (<u>850</u> Area	O) $\widehat{\mathscr{A}}$	141- 2 ne Telephone Ni		
Enclosed is a check for the following	amount made	payable to	the Florida D	epartment of	State:	
\$35 Filing Fee \$43.75 Filing Certificate of		\$43.75 Fi Certified (Addition		Certii sed) Certii	0 Filing Fee ficate of Status fied Copy itional Copy is	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Clifton Bu	nt Section f Corporation			

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

	of		-
LEVIN AND RINKE R	GEART RE	ALTY. INC.	_ 2010 MAR -2
(Name of Corporation as currently fi			- SECON -2
			ALLAGIARY
			- "ASSEE"
(Document Number of	Corporation (if know	vn)	/
Pursuant to the provisions of section 607.1006, Flor imendment(s) to its Articles of Incorporation:	ida Statutes, this Flo	orida Profit Corpord	ation adopts the follo
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wo abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "profession	nation "Corp," "Inc,	" or "Co". A profe	essional corporation
3. Enter new principal office address, if applicable	<u></u>		<u> </u>
Principal office address <u>MUST BE A STREET ADL</u>	DRESS)		·
			-
	····		
C. Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BO	<u></u>		98
			<u>Om</u>
			
 If amending the registered agent and/or register new registered agent and/or the new registered 		Florida, enter the	name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street ac	ddress)	
		, Flori	ida
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg	istared Agents		
hereby accept the appointment as registered agent		nd accept the obligat	ions of the position.
	-	-	
		Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Ti</u>	t le	<u>Name</u>	Address	Type of Action
	<u>D</u>	MARK LEE	10 PORTOFINO DR PENSACOLA BEACH PUBLIS	Remove
	<u>D</u>	LANDREW ROTHFEDER	10 PORTOFINO DR. PENYACOLA BEACH, PL 32566	☐ Add ☑ Remove
_	<u>D</u>	ROBERT PINCE	10 PORTOPINO DR. PENSALOLA BEACH, PC 3456	Add Remove
		g or adding additional Articles, enter clional sheets, if necessary). (Be specific		
F.	provisions	ndment provides for an exchange, reclar for implementing the amendment if no applicable, indicate N/A)		
_				

. If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u></u>	TERI LEVIN	10 PORTOFINO DR PENSACOLA BEACH, FL3250	☐ Remove
			_ [] Add _ [] Remove
			_
	iding or adding additional Articles, en additional sheets, if necessary). (Be sp		
provis	mendment provides for an exchange, jons for implementing the amendment not applicable, indicate N/A)		

The date of each amendment(s) adoption:
(date of adoption is required) Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s)
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
X TAISINGT BROKEN- OWNER (Title of person signing)