P04000169907

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	<u>.</u>
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION:	Maor Lann, Inc.	
DOCUMENT NU	MBER:		
The enclosed Artic	eles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		Steve Sanders	
	N	ame of Contact Person	
		Maor Lann, Inc.	
		Firm/ Company	
	515 67th Street		
	Address		
	Holmes	Beach / Florida 34217	
		ity/ State and Zip Code	
	inlan	dse@aol.com d for future annual report notification)	
	2 444.000. (10 00 100		
For further informa	ation concerning this matter,	please call:	
	Steve Sanders	at (941)224	1-0505
Name	of Contact Person	Area Code & Daytime Telep	phone Number
Enclosed is a chec	k for the following amount m	nade payable to the Florida Departn	nent of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301



April 1, 2010

STEVEN SANDERS MAOR LANN, INC. 515 67TH STREET HOLMES BEACH, FL 34217

SUBJECT: MAOR LANN, INC. Ref. Number: P04000169907

We have received your document for MAOR LANN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L03000031877 - REAL ESTATE DYNAMICS, LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 610A00008041

Articles of Amendment to Articles of Incorporation of

	of			201000	1/1
Maor I	Lann, Inc.		743	Ser TA	, \
(Name of Corporation as current	ly filed with the	Florida Dept. of	f State)	TAHATAR L	149
				- SEE	Sin.
(Document Number	er of Corporation	(if known)		ZOIDAPRIL ZAHASSEE,	OPIC
ursuant to the provisions of section 607.1006, mendment(s) to its Articles of Incorporation:	Florida Statutes,	this <i>Florida Pro</i>	ofit Corpora	tion adopts t	he follow
. If amending name, enter the new name of the	ne corporation:				
Real Proper	ty Dynamics, I	Inc.		Th	e new
ame must be distinguishable and contain the bbreviation "Corp.," "Inc.," or Co.," or the deame must contain the word "chartered," "profes	esignation "Corp	o, " "Inc," or "Co	o". A profes	ssional corpo	
. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>					
			······································	<u></u>	
	_				
Enter new mailing address, if applicable:	E BAV				
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>	 			
 If amending the registered agent and/or reg new registered agent and/or the new registe 			<u>enter the n</u>	ame of the	
Name of New Registered Agent:					
Name of New Registered Agent.		·····			
New Registered Office Address:	(Florida	street address)			
			, Floric	ła	
	(City)		(Zip Code)		_
ew Registered Agent's Signature, if changing	Registered Age	<u>nt;</u>			
hereby accept the appointment as registered age	nt. I am familia	r with and accept	the obligation	ons of the pos	sition.
<u></u>				_	
Sign	nature of New Re	egistered 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>Title</u>	<u>Name</u>	Address	Type of Action

	dditional sheets, if necessary,	rticles, enter change(s) here:). (Be specific)	
provis		exchange, reclassification, or cancella mendment if not contained in the am	

The date of each amendmen	t(s) adoption: APRI 14, 2010
Effective date <u>if applicable</u> :	April 14, 2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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	39
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
	il 14, 2010
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Steven D. Sanders
	(Typed or printed name of person signing)
	President
	(Title of person signing)