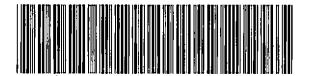
## L14000194118

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Special Instructions to	Filing Officer:	





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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1800 YOUNG CIRCL	LE REALTY	LLC		'
	· <del></del>			
·····				
			<del></del>	Art of Inc. File
				LTD Partnership File
		İ		Foreign Corp. File
				L.C. File
		i		Fictitious Name File
				Trade/Service Mark
				Merger File
		i	<del>-</del>	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			i ——	Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
			<u> </u>	Officer Search
				Fictitious Search
Signature		<del></del>		Fictitious Owner Search
-				Vehicle Search
	<del></del>			Driving Record
Requested by: SETH				UCC 1 or 3 File
Name	Date	Time		UCC 1 Search
Hullio	<i></i>	Time		UCC I Retrieval
Walk-In	Will Pick Up			Courier

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18	00 Young Circle Rea	lty, LLC,		
<u> </u>	Name of the Limited Liability Comp (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	. <del>_</del>
The Articles of Organization for	r this Limited Liability Company	y were filed on _	12/22/2014	and assigned
Florida document number	L14000194118			_ •
This amendment is submitted to	amend the following:	1		
A. If amending name, enter the	ne new name of the limited Hab	officy company h	ere:	
The new name must be distinguishable	s and contain the words "Limited Liabi	lity Company," the	lesignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices ad	dress, if applicable:			
Principal office address MUST	BE A STREET ADDRESS			
			<del>-</del> ,	57:
		1		
Enter new mailing address, if	applicable:			(=)
Mailing address MAY BE A P	OST OFFICE BOX)	1		
		•		
B. If amending the registered agent and/or the new registere		address on our r	ecords, <u>enter the nam</u>	e of the new registere
Name of New Register	ed Agent:			
New Registered Office	Address:	ı		
		Euer Flor	ida street address	
			, Florida	_
		City	,	Zip Code
New Registered Agent's Signatur	e. if changing Registered Agent:			
I hereby accept the appointment provisions of all statutes relative accept the obligations of my po- being filed to merely reflect a continuous to the company has been notified in v	ve to the proper and complete osition as registered agent as p change in the registered office	performance of provided for in C	my duties, and I am fo hapter 605, F.S. Or, i	miliar with and If this document is
		1		

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

Title	Name	Address	Type of Action
AMBR	Elazar Aryeh	110-20 71 Road, Suite 110	
		Forest Hills, NY 11375	KRemove
			[] Change
			□Add
			□Remove
			□Remove
			Change
		<del></del> _	□Add
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f an effec <u>Note:</u> If	e date, if other than the date of filing:  June 16, 2021 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.
record : d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the i.
Dated	June , 2021
741 <b>CU</b>	1 ennerty
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00