115000055129

(Requestor's Name)
(Nequestor's Name)
(Address)
(1000-10)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Degument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1.0
1218-8053
$\mathcal{N}^{(0)}$

Office Use Only



000317856030

2011 01 - 11 - 12 9:55

T. CLINE
OCT 16 20 18
EXAMINER



September 10, 2018

OSCAR PAYOT 3170 SIENA CIR WELLINGTON, FL 33414

SUBJECT: OSKAR PAYOT REAL ESTATE, LLC

Ref. Number: L15000055129

We have received your document for OSKAR PAYOT REAL ESTATE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline Regulatory Specialist III

題とのことができる。

Letter Number: 518A00018682

COVER LETTER

Division of Co	rporations		
SUBJECT:	Osika	Payot Real	EslateLLC
	Name of Lin	nited Liability Company	
The enclosed Articles of	*Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Scar Payot Name of Person	
		Firm/Company	
	3170 S	Address	
	Up (1 m	Eity/State and Zip Code Payotemac.com to be used for future annual report notel	ication)
For further information of	concerning this matter, please c		
OSCAL Name o	Rago +	$\frac{\text{at } (55)}{\text{Area Code}} = \frac{3 \cdot 5}{\text{Daytime}}$	S9 74 Telephone Number
Enclosed is a check for t	he following amount:		
X \$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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

05 Kur 9	ayet	·Keal	Esta	(tiz) (ب	
(Name of the Limited Liability (A Florida Li	Company as it mited Liability	now appears (Company)	m our records	.)			
The Articles of Organization for this Limited Liability Con Florida document number <u>LISOOOSSIZG</u>	npany were	filed on <u>6</u>	3.27	2015	_ and as	signed	
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited	404)	1.0					
The new name must be distinguishable and contain the words "Limited	I Liability Con	npany," the des	ignation "LLC"	or the abbre	viation "I	L.C."	
Enter new principal offices address, if applicable:						<u></u>	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>					<u>≱4</u>	
						<u> </u>	
						<u>:</u>	
Enter new mailing address, if applicable:					<u> </u>	:> <u>-</u>	
(Mailing address MAY BE A POST OFFICE BOX)						<u> </u>	
						သ	
•	•				<u>:</u>	ர ர	
B. If amending the registered agent and/or registered agent and/or the new registered office address	ed office a s here:	iddress on (our records.	, <u>enter th</u>	<u>e name</u>	of the r	<u>iew</u>
Name of New Registered Agent:				···			
New Registered Office Address:		Enter Florid	a street address	 .			
			. Flo	rida			
	C	ity			Zip Code		
New Registered Agent's Signature, if changing Registered A	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

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 = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			☐ Remove
			D Add
			. E
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change

						
			<u> </u>			
						
	_					
						一 [5]
						Č
						1.
						<u>.</u>
					. -	<u>ာ</u>
						
Tective date, if other than t an effective date is listed, the date r	must be specific and block does not n	d cannot be prior to neet the applicab	le statutory filin	ore than 90 days afte	ional) or filing.) Pursuant is date will not b	to 605,020 be listed a
ote: If the date inserted in this ocument's effective date on the						aarliar a
ecument's effective date on the			an effective t	ime, at 12:01	a.m. on the	earner C
e record specifies a delay. The 90th day after the r	ecord is filed.		an effective t	ime, at 12:01	a.m. on the o	eamer c
lote: If the date inserted in this ocument's effective date on the erecord specifies a delay. The 90th day after the readed	ecord is filed.			_	a.m. on the o	ediner c

Page 3 of 3

Filing Fee: \$25.00