L20000 107051

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	itate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nar	me)
(Docui	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



700351338037

09/03/20--01007--002 **25.00

2020 SEP -3 PM 5: 59

D. BRUCE 0CT 1 4 2020

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: X REAL MOVE REACTY L.M. 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:		
ROSE CUSEN		
LES ONE RESUTY EDUCATION), ue	
3201 NW 15th Ot Address		
City State and Zip Code	pw	
For further information concerning this matter, please call:	2020 SEP SEGNED	
Name of Person at (5d) 29, 0268 Area Code Daytime Telephone Number		B (prog upper
Mane of teron Management of the Management of th	900 P	Laccord
Enclosed is a check for the following amount:	5. 5. 5. 5. 5.	Total St.
(additional copy is carclosed) Certified	te of Status &	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Comp	ATALY AND STREET OF ON	,110
(A Florida Limited	any as it now a ppears on ou	,
The Articles of Organization for this Limited Liability Company Florida document number 200015 4551.		2021 and assigned
This amendment is submitted to amend the following:	REAL HOME REAL	M YDAMLAGE,
A. If amending name, enter the new name of the limited lial. The new name must be distinguishable and contain the words "Limite! Liab	EDUCATION L	$\mathcal{L}\mathcal{C}$, $^{\prime\prime}$
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter th	2020 SEP -3 Per registered TALL A SS of the new registered To the new registered To the new registered To the new registered
New Registered Office Address:	Enter Florida street address	
	Flor	ida
	Сіў	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			□Add
			□Remove
			□Change
			□Add
			Петюче
			Change
	·		
			Remove TALL Charge
			#
			Z Remove
			Change
			Remove
			□Change
			□Remove
			Change

A REAL HOME REALTY ADVANTAGE, LIC WE PROVIDE PRIVATE VIRTUAL EDUCATION! AWAG WITH YOUDAMENTAG DY PREAL ESTATE TO PRE-K TO 12TH GRADE.
AWNG WITH YOUDAMENTAG DY PREAL
ESTATE TO PRE-15 TO 12TH GRADE.
Z.C.F.
\$\frac{1}{2} \cdot \frac{1}{2}
ኒ ለ . የሚ ች

Filing Fee: \$25.00