

L2 000022 1869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

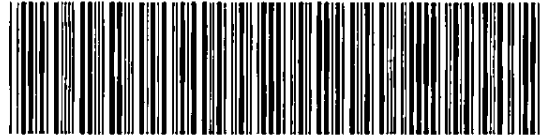
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR - 1 2024

Office Use Only



500426171055

03/26/24 -01024 -005 **50.00

FILED
24 MAR 26 AM 11:12
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O REALISTIC LLC

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:

Stephen Guerrero

Name of Person

Guerrero Law Group

Firm/Company

6600 Cow Pen RD

Address

Miami Lakes, FL 33014

City/State and Zip Code

sguerrero@theguerrerolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Guerrero

Name of Person

954 410-4338
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$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)

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

GO REALISTIC LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
24 MAR 26 AM 11:11
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/27/2020 and assigned
Florida document number L20000221869.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6147 Hellman Ave

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers, FL 33905

Enter new mailing address, if applicable:

PO BOX_366399

(Mailing address MAY BE A POST OFFICE BOX)

BONITA SPRING, FL 34136

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Judith Montejo

New Registered Office Address: 6147 Hellman Ave

Enter Florida street address

Fort Myers

Florida 33905

City

Zip Code

New Registered Agent's Signature, if changing Registered 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.

Judith Montejo

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|----------------------|--|
| AMBR | MONTEJO HERNANDEZ, JUDITH | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | TEJERA AMADOR, ANDRE | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ALPHA JOTA HOLDING LLC | 6147 Hellman Ave | <input checked="" type="checkbox"/> Add |
| | | Fort Myers, FL 33905 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February 14 , 2024

Stephen Guerrero

Signature of a member or authorized representative of a member

Stephen Guerrero

Typed or printed name of signee