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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJI	ест: С	losing Deal Name of Lim	s in Heals ited Liability Company	Realty L	- C
The en	iclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	ndence concerning this matter	to the following:		
		JAMARA M	1 - ELLIOKK Name of Person		
		2.12. N	Firm/Company	(e) 	2021 HAR 15
			Address Address J. 33023 Eity/State and Zip Code		5 PM 4: 50
		telliottreat	to be used for future annual report	notification)	
For fur	ther information co	oncerning this matter, please co	all:		
	Tamara Name of	Ehhi Ott	at (AS4.) 8 Area Code Da	06 - 390C ytime Telephone Number)
Enclos	ed is a check for th	e following amount:			
À\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	Mailing Address	<u>:</u>	Street Address	<u>s:</u>	

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

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

Closing Deals	In Hals Realth hh	2	
(Name of the Limit	ed Liability Company as it now appears on our record A Florida Limited Liability Company)	rds.)	
	admity Company were med on	2020	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
Jamara M. Eh	WOH KKC	C)	20
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LI.	C" or the abl	
Enter new principal offices address, if applic	ible:		70
The Articles of Organization for this Limited Liability Company were filed on	T ADDRESS)		on #
		75.00 1919	D 1) + 6
		- 1755 - 기독	A. 14252
Enter new mailing address, if applicable:			55
•	BOX)	1	
			
		er the name	e of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addr	CAS	
	. F	Florida	
			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.

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
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			□Change
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fective date,	if other tha	n the date o	f filing:	3	1120	21		tontion	. 1\		
in effective date	is listed, the da	te must be spec	itic and c	annot be pri	or to date of	tiling or mo	re than 90 d	ays after tili	ng.) Purs	uant to 605.0	0207
ote: If the dat ocument's effe	ctive date on	the Departme	ent of Sta	te's record	ls.	mory ming	requireme	ints, this di	ite will :	not be listee	d as
ecord specifie is filed.	s a delayed ef	fective date, I	but not ar	n effective	time, at 13	2:01 a.m. o	n the earlie	er of: (b)	The 90t	h day after	the
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