L21000144366

| (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: |
| |
| |
| |
| |
| |
| |

Office Use Only



700454207457

07/11/25--01015--014 **30.00

2025 JUL 11 AM 9: 12

Dund

AUG 2 8 2025 D CUSHING

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Maples Real Estate LC 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: | |
| Mame of Person | |
| Mages Real Estate UC Firm/Company | |
| 3434 SW Edo St. | |
| Pat St. Lexic TL 34953 City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | [|
| For further information concerning this matter, please call: Current Made at (179 184-604 Name of Person Daytime Telephone Number | AM 9: 12 |
| Enclosed is a check for the following amount: S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy i | of Status & opy |

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

| (7) | x rioriua Liiniicu i | (Manualy Company) | | | |
|---|------------------------|----------------------------------|------------------------|----------------------------|----------|
| The Articles of Organization for this Limited Lial Florida document number | _ | were filed on Man | cn 29,26 | ∭ and ass | signed |
| This amendment is submitted to amend the follow | ving: | | | | |
| A. If amending name, <u>enter the new name of t</u> | <u>he limited liab</u> | ility company here: | | | |
| The new name must be distinguishable and contain the wor | rds "Lumited Liabi | lity Company," the designat | ion "LLC" or the | abbreviation "L. | L.C." |
| Enter new principal offices address, if applicab | ole: | |) Edo S | | |
| (Principal office address MUST BE A STREET | ADDRESS) | Yort St.lux | ie,FL | 34952 | |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE Bo</u> B. If amending the registered agent and/or reg | | AUT ST Locard | Edo St | 3.4685 3.6685 3.6681 | 3 |
| ngent and/or the new registered office address | | dures on our record. | si <u>circi inc na</u> | 7 AR 9 | M |
| Name of New Registered Agent: | <u>lau</u> | ra Maple | 5 | | |
| New Registered Office Address: | 3434 | SW Edo St. Enter Florida stre | vet address | | |
| | Post St. | licie | Florida _ | 34953 | <u>3</u> |
| | | ciù | | г.ил с нас | |

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 |
|--------------|--------------|------------------------|----------------|
| <u> </u> | Ryalmaples | 3434 SW Edo St. | □ Add |
| | | Put St. Lucie FL 34953 | Remove |
| | | | □Change |
| MUL | Laura Magnes | 3434 SW Edo St. | XAdd |
| | | Pat St. Wie, FL 3495 | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | ⊡Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| - | |
|------------------|--|
| _ | |
| _ | |
| _ | |
| | |
| - | |
| _ | |
| _ | |
| _ | |
| _ | |
| | |
| - | |
| - | |
| _ | |
| _ | |
| | |
| _ | |
| - | |
| _ | |
| ote: | we date, if other than the date of filing: |
| ecore is tile | 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 ed. |
| ited _ | July 3 2025. |
| | Signature of a member or authorized representative of a member |
| | Laura Maries |
| | Typed or printed name of signee |