## 622000148083

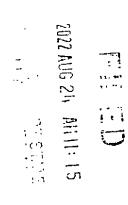
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Fouteen Trading LLC					
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Maria Kristina Erika Mesa	Lee			
			Name of Person			
			Firm/Company			
		6160 SW Highway 200 Su	ite 110 PMB 505			
		Address				
		Ocala FL 34476				
		fourteenrealtyllc@gmail.co	City/State and Zip Code m			
		E-mail address: (	to be used for future annual report no	otification)		
For further in	nformation c	oncerning this matter, please co	all:			
Maria Kristi	na Erika Me	sa Lee	615 7667653			
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a	check for th	ne following amount.				
□ \$25.00 F	iling 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)		
	iling Addres gistration S		Street Address: Registration S	ection		
7	-	orporations	Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fourteen Trading LLC

2022 AUG 24 AH H: 15

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/28/2022}{2}$ and assigned Florida document number <u>L22000148083</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Fourteen Realty LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: New Registered Office Address: Enter Florida street address \_\_\_\_, Florida \_ City

## 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

Title	Name	Address	Type of Action
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		<del></del>	Remove
			□Change
			🗆 🗆 Add
		<del></del>	□Remove
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			□Change

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ote: li t	date, if other than the date of filing:
record spirits filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	August 22 2022
	$\sim$ 0.11 $\sim$
	Signature of a monther of muthor well representative of a member

Filing Fee: \$25.00