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Office Use Only



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2022 JUN 15 PM 1: 20 SECRETARY OF STATE

Hello

I am making this amendment of my name in order to appear in my company (2G Realty LLC) the same as it appears in my Broker license, I enclose a letter sent by the Florida Department of State and I enclose a copy of my Broker license and my identification.

-> And Change my title es a manager As additional info.

thanks

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 2G Rec/14 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:
Ynes AGReh
Name of Person
2GRealt LLC Firm/Jompany
1612 Blue Say Cir
Weston, T-L 33327 City/State and Zip Code
Vnes real to Camail a Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roberta Escalon at (407) 785 86 19 Name of Person Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number 9 27 0386
Enclosed is a check for the following amount:
S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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**

FILED

26 REPL	14 LLC 2022 JUN 15 PM 1:20
(<u>Name of the Limited Liabilit</u> (A Florida	V. Company as it now appears on our records.) SELECTION OF SELECTION O
The Articles of Organization for this Limited Liability Co Florida document number <u>人 </u>	ompany were filed on $\frac{U7/JJ}{JJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJ$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	Roberta Escaba
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	l 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>	<u>Address</u>	Type of Action
MGR	Roberta Escaton	5175 Stapecoach DR. Coconut Creek FL 33073	Add
			□Remove
		·	□ Change
AMBR	Pobula S. Es Calon Da	FL 33073	CIRCK □Add
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