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Office Use Only



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SECRETARY OF ALLAHASSET

COVER LETTER

TO: · Registration Sec Division of Corp			
SUBJECT:		ts RPAI Esta	ute Services, LLC
	Name of Line	ned Elability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	BRyanna	SCHIAVON ()
	Land mercho	INTS RUGI ESTA	to Services, LLL
	PO BOX	340581	
	Tampa	,	
	DRYANNASCH E-mail address: (1	City/State and Zip Code UVUNE LANAM: to be used for future annual report n	erchants @gmail. com
For further information co	oncerning this matter, please ca	all:	
BRYUNNA SC Name of	HIAVONE Person	at (352) 40 Area Code Days	3-8200 time Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	S55.00 Filing Fee &	\$60.00 Filing Fee,

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

(additional copy is enclosed)

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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2023 HAR -8 SAIG PaSay 1	LAH IOCO7	

Land Mekchants Real Estate Sekshiller Li (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	and assigned
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 abbreviat Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	tion "L.L.C."
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviat Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	tion "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	tion "L.L.C."
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
Enter new mailing address, if applicable:	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of tl</u> agent and/or the new registered office address here:	he new registe
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
	o Code
New Registered Agent's Signature, if changing Registered Agent:	

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
MGR	Bryanna Schiavone	5255 Fez Court	□Add
		BROOKSVIlle FL 340	<u>UA</u> □Remove
			Change
			□A₫d
			□ Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

D. If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	re date, if other than the date of filing:
If the record record is file	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 d.
Dated _	march 08 , 2023.
	Signature of a member or authorized representative of a member
	BRIanna Schiavone

Filing Fee: \$25.00

Typed or printed name of signee