| (Requestor's Name) | |
|---|---------------|
| (Address) | 300356827 |
| (Address) (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 12/29/2001023 |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: Registration Secti Division of Corpo | | |
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| 1682 REALT | Y, LLC | |
| SUBJECT: | Name of Limited Liability Company | |
| | | |
| The enclosed Articles of An | mendment and fee(s) are submitted for filing. | |
| Please return all correspond | dence concerning this matter to the following: | |
| | BARBARA GARCIA | |
| | Name of Person | |
| | BG LAW, P.A. | |
| | Firm/Company | |
| | 999 PONCE DE LEON BLVD, STE 1105 | |
| | Address | |
| | CORAL GABLES, FL 33134 | |
| | City/State and Zip Code | |
| | BARBIE@GARCIALAWPA.COM E-mail address: (to be used for future annual report notification) | |
| For further information con- | ncerning this matter, please call: | |
| Barbara G | Parcice at (186) 431 5779 | |
| Name of P | Person Area Code Daytime Telephone Number | • |
| Enclosed is a check for the | following amount: | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | atus & |
| Mailing Address: Registration Sec | | |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1682 REALTY, LLC (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 6/12/2018 __ _ and assigned Florida document number __L18000145489 This amendment is submitted to amend the following: 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 abbreviation "L.L.C." 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 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 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 | JESSICA NADER-PEREZ | 5321 West Suxon Circle | = Add |
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| an effective date is listed, the da | n the date of filing: | or more than 90 days after filing.) Pursi | uant to 605.020 |
| | his block does not meet the applicable statutory the Department of State's records. | āling requirements, this date will r | not be listed a |
| record specifies a delayed et is filed. | fective date, but not an effective time, at 12:01 a | .m. on the earlier of: (b) The 90th | h day after the |
| ated December | or 21 . 2020. | in / | |
| | Signature of a green per or authorized representation | ative of a member | |
| | | THE STATE OF THE S | |

Filing Fee: \$25.00