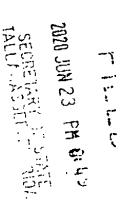
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Office Use Only



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## **COVER LETTER**

	Registration S Division of Co			
SUBJEC"		or Realty, LLC	•	
SODJEC		Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please reti	irn all corresp	ondence concerning this matter	to the following:	
		Nicole Ottaviani		
			Name of Person	
		Posess, Kolbert & Strauss.	PLLC	
		_	Firm/Company	
		4455 Military Trail Suite	02	
			Address	
		Jupiter, FL 33458		
		i de Constantina distribution	City/State and Zip Code	
		nicole@patchreeftitle.com E-mail address: (	to be used for future annual report not	lication)
For furthe	r information (	concerning this matter, please c	all:	
Nicole Ot	taviani		561 296-8504	
	Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed i	s a check for t	he following amount:		2020 JUN
<b>■</b> \$25.0	0 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Eec. Certificate of Status & Certified Copy (radditional copy is enclosed)
F E	Tailing Addre Registration Division of C P.O. Box 63: allahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	porations ?allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	_
on our records.)	
3/2002 and	assigned
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signation "LLC" or the abbreviation	"L.L.C."
<u> </u>	
cords, enter the name of the	new regi
2020 2520 2521	 
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, Florida Zip Co	dy.
	e:  and  and  and  e:  cords, enter the name of the street address  A street address  Florida  Zip Co

## 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 wis 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 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 a or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	-	Type of Action
MGR	Alexandra J. Posess	4455 Military Trail Suite 102		_ □Add
		Jupiter, FL 33458		_ ≣Remove
				_ □Change
MGR	Juliana B. Posess	4455 Military Trail Suite 102		_ <b>=</b> Add
		Jupiter, FL 33458		_ □Remove
				_
				_ 🗆 Add
				_ □Remove
				_ 🗆 Change
		<u></u>	<u> </u>	BAdd
			2 · · ·	Remove-
			7121	_ EChange
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				_ 🗆 Remove
				Change
		<del></del>	<del> </del>	_ 🗆 Add
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<b>Tective date, if other than the date of</b> an effective date is listed, the date must be speciote: If the date inserted in this block does becoment's effective date on the Department	fic and cannot be prior not meet the applications.	r to date of filing or m cable statutory filin		filing.) Pursuant to 605.0
record specifies a delayed effective date, b is filed.	ut not an effective t	time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after
nted June 22	· 2020 	<u></u> .		
Signature	e of a member or auth	orized representative	of a member	

Filing Fee: \$25.00