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S. PRATHER

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
5215 Enter	prises, LLC		
SUBJECT:	Name of Lin	rited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Craig S. Pearlman, Esq.		
		Name of Person	
	Killgore Pearlman, P.A.		
	·	Firm/Company	
	800 N. Magnolia Avenue,	Ste 1500	
		Address	
	Orlando, Florida 32803		
		City/State and Zip Code	
	aali@kpsds.com		
	É-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Craig S. Pearlman, Esq.		407 425-1020 at ()	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing 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)
Mailing Addres Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

~ (

5215 Enterprises, LLC		<u></u>
(Name of the Limited Liabili	ity Company as it now appears on our records.) a Limited Liability Company)	
(A ERURA	a Chimed Chaomity Company)	1
The Articles of Organization for this Limited Liability C	Company were filed on 08/15/2003	and assigned
Florida document number L03000030570		် ကို
Torida document number	 ·	9
This amendment is submitted to amend the following:		***
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
Ascend Realty Services, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Control of the contro		
Enter new principal offices address, if applicable:		·
<u>Principal office address MUST BE A STREET ADDI</u>	<u> </u>	
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
wining mates, with the fit out of the bong		
		
	1 . Comment of the contract of	ha anna af tha nam ragic
B. If amending the registered agent and/or registere agent and/or the new_registered office address here:	ed office address on our records, enter the	ie name of the new regis
igent and/or the new registered office address nere.		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
THE TANGETTE OTHER TRANSPORT	Enter Florida street address	
	, Flor	rida
,	City	Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Rick Kingsland Trust	186 Saint Croix Avenue	≣ Add
		Cocoa Beach, Florida 32931	□Remove
			□ Change
			□Add
			□Remove
			□ Change
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fective date, if other than the	date of filing:		··	_ (optional)		
in effective date is listed, the date must ote: If the date inserted in this blo	t be specific and cannot be ock does not meet the a	a prior to date of fili applicable statuto	ng or more than 90 o ry filing requirem	days after filing.) ents, this date	Pursuant t will not b	io 605.020 e listed a
ocument's effective date on the De	epartment of State's rec	cords.				
ecord specifies a delayed effectivis filed.	e date, but not an effec	tive time, at 12:0	I a.m. on the earli	er of: (b) The		
					7.	202 4
	2024					JUL
Iune 21	··	·				
ated June 21	1	· ·			#/ 1_1	·
ated June 21	A Signature of a member of	Egiphorized topics	entative of a membe	···		2024 JUL 11 PH 5:

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Filing Fee: \$25.00