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(Re	equestor's Name)	
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COVER LETTER

	gistration Se vision of Cor				
SUBJECT.	Arthur Bars	samian LLC			
SUBJECT:	<u>.*</u>	Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	indence concerning this matter	to the following:		
		Arthur M Barsamian			
			Name of Person		
			Firm/Company		
		4409 Hoffner Ave.			. 29 29 20 20 20 20 20
			Address		
		Orlando Florida 32812			ं
			City/State and Zip Code		PM 4: 49
		ambcgc@gmail.com			
		E-mail address: (to be used for future annual repor	rt notification)	 , · · · · · · · · · · · · · · · · · · ·
For further i	information c	oncerning this matter, please c	all:		
Arthur Bars	amian		407 595-20.		
	Name o	f Person	Area Code D	aytime Telephone N	lumber
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	Ce) Ce	0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
	ailing Addres		Street Addre		
	egistration S vision of C	Section Corporations	Registration Division of	Corporations	
	O. Box 632			of Tallahassee	
Ta	llahassee, l	FL 32314	2415 N. M	onroe Street, Si	uite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L04000009568	were filed on Febuary 4 2004	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Orlando Homes Realty LLC		~
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Arthur M Barsamian	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	4409 Hoffner Ave.	ÇI ,
	Orlando Florida 32812	. P
Enter new mailing address, if applicable:		4: 49
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City , F10F1	uu Zip Code

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.

New Registered Agent's Signature, if changing Registered Agent:

Arthur Barsamian LLC

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>	Name	Address		Type of Action
				□Add
				□Remove
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				🗀 Add
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior If the date inserted in this block does not meet the applic		
iment's effective date on the Department of State's records.	iore statutory timing requirements, timis date with	ior oc fisica
ord specifies a delayed effective date, but not an effective ti filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th	h day after th
Nevember 3 2020		
d	- ·	
FAT M. Dru		
		
Signature of a member or author	rized representative of a member	