LC4 (CCCO 70836

(Red	uestor's Name)	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to F		
		, c
		1 NAMON
		Myong

Office Use Only



800368850128 RECEIVED

JUL 0 6 2021

2022 APR -7 PH 4:59 SECRETARY OF A YE

Smend

MAY 1 7 2022

D CUSHING

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT:	3755 Re	alty LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Brian	R Young Name of Person		
		Realty LL Firm/Company	<u>C</u>	
	794 Wa	ishburn RJ Address		
	Molbourn	City/State and Zip Code City/State and Zip Code Code	32934 1002 APR -7	113%
	E-mail address: (to be used for future annual report notif	ication)	4997 1 (1392)
For further information c	oncerning this matter, please ca	all:)	F
Brian R Name o	Jaung f Person	at (321) 288 Area Code Daytime	7736 Telephone Number	هردو <u>.</u> امت
Enclosed is a check for the	ne following amount:			
☐ \$25.00 Filing Fee	El \$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)	
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	etion	
Division of C	orporations	Division of Coη	porations	
P.O. Box 632	7	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Received 2022 Apr TAM 8:00



July 27, 2021

BRIAN R. YOUNG 794 WASHBURN RD MELBOURNE, FL 32934

SUBJECT: BYSS REALTY, LLC Ref. Number: L04000070836

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 221A00017544

JEARLD H QUICK Document Specialist

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny asht now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>しのりのの708</u> 36	were filed on 09-24-200 (and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabileters".	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	M/A
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	N/A

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

New Registered Office Address:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the wisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ag filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany 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
war	David Lowman	794 Washburn Rd. Melbourne, Fl 32934	Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			[] Change
			□ Add
			□Remove
			□Change
			🖸 Add
			□Remove
			□Change
			□ Add
			□Remove
)]('hange

_	
_	
_	
-	
_	
_	
_	
_	
_	
_	
	
ree it	
fan effe <u>Sote:</u> J	te date, if other than the date of filing (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (and filing date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the other of the date on the Department of State's records.
record Lis 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.
ated _	April 5Th 2022.
	and the same of th
	Signature of member or huthorized representative of a member

Filing Fee: \$25.00