10400080088

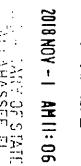
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COVER LETTER

SUBJECT:		eet Realty , LLC			
		Name of Lim	ited Liability Company		
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	n all correspoi	ndence concerning this matter	to the following:		
		Rochelle J. DuBrule			
			Name of Person		
			Firm/Company		
		10644 Crystal Springs C	t.		
	Address				
		Orlando, FL 32825			
		rochelledubrule@gmail.co	City/State and Zip Code om		
		E-mail address: (t	to be used for future annual report notific	ation)	
For further i	nformation co	oncerning this matter, please ca	all:		
Rochelle J.	. DuBrule		407 247-8594		
	Name of	Person		Celephone Number	
Enclosed is	a check for the	e following amount:			
\$25.00 H	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 ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Church Street Realty, LLC		2018 NOV - 1 AM 11: 06	
(Name of the Limited Liability Con	npany as it now appears on our records ed Liability Company)	<u>•</u>)	
The Articles of Organization for this Limited Liability Compa Florida document number L0400080088		NAME ARY OF STATE TALLAHASSEE, Filand assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Li	ability 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 registered agent and/or the new registered office address h	office address on our records.	, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of my duties, and as provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is	

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Darcie M. DuBrule	10644 Crystal Springs Ct. Orlando, FL 32825	Add
			☐ Remove
			Change
	 		Add
			□ Remove
			Add
			□ Remove
	 		Add
			□ Remove
		ver time in	□ Change
			Add
	·		Remove
	····		□ Add
		-P-11-0-1	□ Remove
			Change

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	d in this block does	not meet the applic	able statutory filing	g requirements, this da	
record specifies a he 90th day afte			ot an effective t	ime, at 12:01 a.m	. on the earlier o
October 26th		2018	·		
1)201	110 0		2111		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00