L05000008556

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration S Division of Co			
Holman-A	Mosley Real Estate, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Les S. Kushner		
		Name of Person	
	Les S. Kushner, P.A.		
		Firm/Company	
	8551 West Sunrise Blvd.,	Suite 301	
		Address	· · · ·
	Plantation, FL 33322		
		City/State and Zip Code	
	lkushner@kushner.us		
		to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	ill:	
Les S. Kushner		954 342-0250 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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 ADDRESS: 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

Holman-Mosley Real Estate, LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on January 26, 2005	and assigned
Florida document number L05000008556	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Holman Realty, LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registe	ered office address on our records, en	ter the name of the new
registered agent and/or the new registered office address		9-9
Name of New Registered Agent:		
New Registered Office Address:	· ·	
The standard of the standards.	Enter Florida street address	- - 3
	, Florida	
	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
MGR	Robert Mosley	111 N. Pompano Beach Blvd,#113	Add
		Pompano Beach, FL 33062	■ Remove
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n effective dat o <mark>te:</mark> If the da	e is listed, the date te inserted in th	the date of fili must be specific a is block does not the Department of	nd cannot be prior meet the applic	to date of filing of able statutory f	or more than 90 iling requires	(optiona) days after filin ments, this dat	ig.) Pursuan	at to 605.02 be listed
		yed effective record is filed		t an effectiv	e time, at	12:01 a.m	. on the	earlier
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Filing Fee: \$25.00