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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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Certified Copies Certificates of Status	_
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COVER LETTER

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		Realty of Jupiter, LLC				
SUBJECT:		Name of Limi	ited Liability Company			
The enclosed A	raicles of Ar	mendment and fee(s) are sub-	mitted for filing.			
Please return al	Leorrespond	lence concerning this matter	to the following:			
		Nicole Ottaviani				
			Name of Person			
		Posess, Kolbert & Strauss,	PL1.C			
			Firm/Company			
		4455 Military Trail Suite 1	02			
			Address	-		
		Jupiter, FL 33458				
			City/State and Zip C	'ode		
		nicole@patchreeftitle.com E-mail address: ft	to be used for future an	nual report no	otification)	
For further info	rmation con	cerning this matter, please ec		•		
Nicole Ottavia	ni		561 at (296-8504		
	Name of P	erson	Area Code	Dayti:	me Telephone Number	2920 JUN
Enclosed is a cl	heck for the	following amount:				23
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy	y	Certified (e of Status &
	ng Address:			et Address:		
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P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Safe Harbour Realty of Jupiter, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L05000009728</u>	pany were filed on 01/20/2005	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation, "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	- 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-: En
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records,	enter the name of the new regis
Name of New Registered Agent:	· · · ·	
New Registered Office Address:	Enter Florida street	t address
	Cim	, Florida Zip Code
	City	zip Cone

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 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, <u>enter the title, name, and address of each person_being or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGR	Alexandra J. Posess	4455 Military Trail Suite 102	
		Jupiter, FL 33458	■Remove
			□Change
MGR	Juliana B. Posess	4455 Military Trail Suite 102	■Add
		Jupiter, FL 33458	□Remove
			□Change
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Note: If the date inserted in the	the date of filing: ne must be specific and cannot be prior to his block does not meet the applicate the Department of State's records.			
f the record specifies a delayed ef ecord is filed.	ective date, but not an effective tin	ne, at 12:01 a.m. on the earlier	rof: (b) The 90th	day after th
Dated June 22	. 2020			
Whatter	Moderat	rized representative of a member		
		- 		

Filing Fee: \$25.00

Typed or printed name of signee