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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





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7/8/21



COVER LETTER

TO: Registration Section

Division of Cor	porations		
SUBJECT: Om	mercial Real Name of Lin	Estate LLC nited Liability Company	· ,·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Teremiah	Bacon Name of Person	
	Jeremiah Ba	Firm/Company	cial Real Estate
	49 SW F10	gler Ave. Suit	301
	Stuart	Florida 3490 City/State and Zip Code con@commercial re to be used for future annual report notifica	14
	E-mail address: (com@commercial re to be used for future annual report notifica	ealestate 11 c. com
For further information co	oncerning this matter, please co		
Jeremiah Name of	Barm	at (772) 286 - Area Code Daytime To	5744 elephone Number
Enclosed is a check for the	e following amount:		
S25.00 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 Se	ection	Street Address: Registration Section	
Division of Co P.O. Box 6327		Division of Corpor	
Tallahassee, F		The Centre of Tall	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Real Estate LLC
(<u>Name of the Lim</u>	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited I	Liability Company were filed on $3/10/2006$ and assigned 26269 .
This amendment is submitted to amend the fol	llowing:
A. If amending name, enter the new name	of the limited liability company here:
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:
Principal office address MUST BE A STRE	ET ADDRESS)
Enter new mailing address, if applicable:	
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>
3. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>enter the name of the new registeress here</u> :
Name of New Registered Agent:	Jeremiah Baron
New Registered Office Address:	49 SW Flagler Ave. Suit 301 Exter Florida street address
	Stuart Florida 34994
ew Registered Agent's Signature if changing	Tap Come

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

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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
AMBR	Matthew Koblegard	49 SW Flagler Ave.	□Add
		Soit 301. Struct, FL.	
		34994	□Change
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			□Remove
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ffective (date, if other than	the date of filir	ng:	day	(optiona	l)
	ne date inserted in th	is block does not	meet the applicabl	e statutory filing req	uirements, this da	ng.) Pursuant to 605,0207 te will not be listed as
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fote: If the occument' record specified.	ecifies a delayed eff		ot an effective time	, at 12:01 a.m. on the	e earlier of: (b)	The 90th day after the
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