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(Red	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: <u>5100</u>	Realty, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
	Karen L	AZAV Name of Person	
		Name of Person	
-		Firm/Company	
	5100 N F	COLONAL HWY -	# 40 <u>3</u>
-	Ft Lander of Klazar a co	City/State and Zip Code CMDVID 4ECOMY o be used for future annual reporting	onics net
For further information conce			
Haren Laza Name of Per	rson	at (516) 984 Area Code Days	-3589 time Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$7	□ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5100 Picalty, LLC	2020 SER - W 711 6: 29
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L06 000 122 76</u> 3	were filed on $\frac{12/38/2006}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5100 N. Federal Hwy # 403 Et Landerdate, FL 33308
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5100 N. Federal Hwy #403 Ft Landerdate, FL 33308
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
New Registered Office Address: 5100 /	N. FEDERAL HWY #403 Enter Florida street address AURAUU , Florida 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>	<u>Address</u>	2029 SELY - 4 F	ii 6: 29	Type of Action
AMBR	Marco Lopez	5100N Fea	leral Hwy -	¥403	_ XAdd
			rdale, FL		
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ctive date, if other than the date of f	
	ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 not meet the applicable statutory filing requirements, this date will not be listed
iment's effective date on the Department	
	it not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
filed.	
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Signatura	of a member or authorized representative of a member
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	Typed or printed name of signee