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COVER LETTER

TO: Registration Section Division of Corporations

5100 Realty, LLC
SUBJECT:

P.O. Box 6327

Tallahassee, FL 32314

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Lazar Name of Person Firm/Company 5100 N Federal Hwy #403 Address Fort Lauderdale, FL 33308 City/State and Zip Code klazar@cambridgecompanies.net 2021 AUG 31 PH 4: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 984-3589 516 Karen Lazar at (Davtime Telephone Number Name of Person Area Code -Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: **Registration Section Registration Section Division of Corporations 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 Realty, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/28/2006	_ and assigned
Florida document number 106000122763	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	lress
	, City	Florida

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 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Marco Lopez	5100 N Federal Hwy #403	□Add
		Fort Lauderdale, FL 33308	Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

August 27 ed	2021	
all	<u>6</u>	
	2	
	Signature of a member or authorized representative of a member	
Ethan Lazar, MGR		
	Typed or printed name of signee	

Filing Fee: \$25.00