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COVER LETTER

TO:	Registration S Division of Co			
SUBJE	CT:	Sylvester	Ricci Realty, LLC	
			nited Liability Company	
The en	closed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	oondence concerning this matter	to the following:	
			homas M. Egan	
			Name of Person	
			Firm/Company	
			2107 SE 3rd Avenue	
			Address	
			Ocala, FL 34471	
			City/State and Zip Code	
		E-mail address: (to be used for future annual re	port notification)
For furt	her information	concerning this matter, please c	all:	
		Thomas M. Egan	at (352)	629-7110
	Name	of Person	Area Code	Daytime Telephone Number
Enclose	d 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)	Certificate of Status &

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

Sylve (Name of the Limited Liab	ester Ricci Realty, LLC illity Company as it now appears on our records.) ida Limited Liability Company)
(A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 12/29/2006 and assigned
Florida document number Lo6000123155	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg	istered office address on our records, enter the name of the ne
registered agent and/or the new registered office ad	dress nere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida sweet address
	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 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
MGRM	Sylvester M. Ricci	7665 SW 102nd Loop, Ocala FL 34476	
			■ Remove
			Change
			🗆 Add
			□ Remove
			Change
			□ Remove
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If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	e date, if other than the date of filing: ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
e recoi The 9	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated So	eptember 29 , 2021
	/s/ Carla A. Ricci, MGR Signature of a member or authorized representative of a member
	Carla A. Ricci, MGR Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00