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SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

Division of Cor	porations		
suвject: <u>Willia</u>	IM Scott Real Es. Name of Limi	tate, LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jared (	onaway, Esa.  Name of Person	
		/ Marketing Firm/Company	
	6700 Bro	oken Sound Parkway No	w
	Boca Rat	ON, FL 23487 City/State and Zip Code	<del></del>
		lead flash - com to be used for future annual report noti	
For further information co	oncerning this matter, please ca	all:	
Jared Cons	<b>AWAY</b> Person	at ( <u>561</u> ) <u>499 - 3</u> Area Code Daytim	329 ext. 103 e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 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)
MAILI	INC ADDRESS.	STDEET/COUDI	ED ADDDESS.

MAILING ADDRESS:

TO:

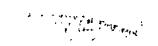
Registration Section

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



William Scott Rea	(Estate, LL	C	FILED
(Name of the Limiter	d Liability Company as A Florida Limited Liabil	it now appears on o	our records.)
			2813 AUS -2 P P BH
The Articles of Organization for this Limited Lia	bility Company wer	e filed on <u>05/0</u>	2/2008 TARY OF S and assigned
Florida document number <u>L 08000044241</u>			TALLAHASSEE, FLORIDA
This amendment is submitted to amend the follow	wing:	<b>i</b>	
A. If amending name, <u>enter the new name of t</u>	the limited liability	company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability C	ompany," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	<del></del>	
Principal office address MUST BE A STREET	ADDRESS)		<u></u>
	_		
Enter new mailing address, if applicable:	_		
Mailing address MAY BE A POST OFFICE B	<u>(OX)</u> _	<u> </u>	
	· 	<del></del>	
D If amounting the arrivance and arrival			dA Ab ef Ab-
B. If amending the registered agent and/o registered agent and/or the new registered offi	•	address on our	records, enter the name of the
		•	
Name of New Registered Agent:			
New Registered Office Address:	<u>.                                    </u>		
		Enter Florida st	reet 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 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>	Address	Type of Action
M6R	CLOUSE, BRIAN	6700 BROKEN SOUND PAPKWAY NW	
		BOCA RATON, FL 33487	Remove
		<del></del>	Change
	<del></del>		Add
			Remove
			Change
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- <b>66</b> 0 0 4	ing data if other than the data of films.
f an ef Note:	(optional) fective date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	August 1st 2019
	21/Cu
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00