# L0900018200

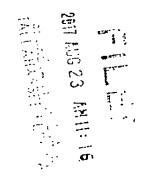
(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
(C)	,,,	,
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nam	ne)
(De	ocument Number)	
(LX	ocument number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400302554974

08/23/17--01019--012 \*\*25.00



III HARRIS

### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: TT6	Realty U	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	FRANK	BRAIDER Name of Person	
		Pealty LLC Firm/Company	<del></del>
		Mona Rd. S	
		City/State and Zip Code	
	E-mail address:	to be used for future annual report notifi	Cation)
For further information cor	ncerning this matter, please c	all:	
FRANK Name of I	BRALDER Person	at (561) 35% - Area Code Daytime	- 7687 Telephone Number
Enclosed 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)	☐ \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny st it now appears on our records.) Liability Company)
were filed on $\frac{2/2.5/6.9}{}$ and assigned
ility company here:
ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
19940 MONA PD. Suite 7
TequesTA, FL 33469
19940 MONA Pd. Suite#7 TEQUESTA, FL 33469
TEQUESTA, FL 33469
fice address on our records, enter the name of the new
K BRAIDER
MOVIT Pd SolTe#7
City Florida 33469
to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability  The performance of New 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRANK BRAIDER	19940 NONA Rd, 47, Tigore	,5:4, FZ 334€7 _ <b>A</b> Add
			🗆 Remove
٨.	<i>i</i>		Change
MGR	Kauwery Clase		
		1802 N. ALAFAYA TRYORHA	Lo FL 3282
0410			Change
MOK	SOFAIA CLOSE		
		BOD N. ALAFAYA TR.ONLA	JKO FL 32805 Remove
			Change
			_□ Add
			□ Remove
			_ Change
			Add
		<u>&gt;</u> :	<b>2617</b>
		Description of the second of t	Emove
		ECT >> (A)	No. 1
		175	
		<del>-</del>	□ Ādd *" *
		7.3. 7.3.	- : 
			_□ Remove
			_ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
-		
-		
-		
_		
- -		
_		
_		
_		
_		
_		
_		
-		
_		
_		
(If an effe Note:	ve date, if other than the date of filing:	7 (3)(b s the
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o	f:
Dated <sub>.</sub>	8 /2/ 2007 AHAS	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00