L09000046939

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	e #)
PICK-UP WAIT	MAIL
(Business Entity Nar	me)
(Document Number)	
Certified Copies Certificates	s of Status
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2016 SEP 19 PH 4: 40

K. SALY SEP 2 2 2016

COVER LETTER

TO:		tion Section of Corpor			
SUBJ		AL Z LLC			
SUBJ.	EC1:		Name of Lim	ited Liability Company	
The en	nclosed Arti	icles of Am	endment and fee(s) are sub	mitted for filing.	
Please	return all c	orresponde	nce concerning this matter	to the following:	
			SCHNEUR Z. TEITELBA	NUM	
		•		Name of Person	
			REAL Z LLC		
		•		Firm/Company	
			9502 NW 38TH ST.		
		•		Address	
			CORAL SPRINGS, FL 33	065	
		-		City/State and Zip Code	
			ready77@HOTMAIL.C		
				to be used for future annual report	notification)
For fu	rther inform	nation conce	erning this matter, please ca	all:	
SCHN	NEUR Z. TI	EITELBAU	М	954 856-366 at ()	6
		Name of Per	rson		ytime Telephone Number
Enclos	sed is a chec	ck for the fo	ollowing amount:		
□ \$2	25.00 Filing	Fee [330.00 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

2016 SEP 19 Mr 4: 40

TALLAHASSIE FLORID.

REAL Z LLC

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

	(A Florida Elimied Liability Company)	1. ORIO
The Articles of Organization for this Limited I		
Florida document number L09000046939	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company l	<u>ere</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
		
B. If amending the registered agent and registered agent and/or the new registered of the new registered agent and registered agent agent and registered agent ag		n our records, enter the name of the
registered agent and/or the new registered t	Mile address here.	
Name of New Registered Agent:		
New Registered Office Address:	4613 N UNIVERSITY DR. #54	•
	Enter Flo	orida street address
	CORAL SPRINGS	, 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>	<u>Address</u>	Type of Action
MGRM	TEITELBAUM,SCHNEUR Z		Add
			Remove
		4613 N UNIVERSITY DR. #549, (■ Change
			Add
			Remove
			Change
			Add
			Bemove Change
			Add Finance
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change

	, ,
	2016 SEP 1
	THE STATE OF
(If an e	etive date, if other than the date of filing:(optional) 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	1 September 15 , 2016 .
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00