L11000068920

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FILED 2020 NOV 16 AH 11:00

12/18/20

SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Bart R. Saunders, Esquire				
		Name of Person			
	Law Office of Saunders &	Saunders, P.A.			
		Firm/Company			
	7232 W. Sand Lake Road,	Suite 202			
		Address			
	Orlando, Florida 32819				
	City/State and Zip Code				
	Alex@NextHomeLocation.				
	E-mail address: (to be used for future annual report	notification)		
For further information c	oncerning this matter, please co	all:			
Bart R. Saunders		321 319-0459 at ())		
Name o	f Person		ytime Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
<u>Mailing Addres</u> Registration S		<u>Street Addres</u> Registration			
Division of C			Corporations		

P.O. Box 6327

Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

Global Realty And Associates LLC		
(Name of the Limite	ed Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited List Florida document number L11000068920		and assig
This amendment is submitted to amend the follo		
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.(
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE)	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>ente</u>	PILED AN III Of the new r
agent and/or the new registered office address	s nere.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
		lorida
	City	Zip Code
New Registered Agent's Signature, if changing R	tegistered Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
S	Alexandra Van Grondelle	8104 Hook Circle	
		Orlando, Florida 32836	■Remc
			□Chan;
MGR Lindsey Holland	Lindsey Holland	232 Camino Real Court	\ \ \ \
		Orlando, Florida 32837	□Remo
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	e date, if other than the	date of filin	g:			_ (optional)		
Effectiv	re date, if other than the	ock does not r	meet the appli-	cable statutory	or more than 90 d filing requireme	lays after filing.) ents, this date	Pursuan will not	to 60: be list
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If an effect Note: If document of record and is filed	nt's effective date on the Despecifies a delayed effective d.	e date, but not	t an effective t	time, at 12:01 a	ative of a member		: 90th d	ay aft