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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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OCT 2.2 2018 S. YOUNG TALLAHASSEE, FLORIDA

2018 (PCT 15 PM 10: 2)

COVER LETTER

Division of Cor	rporations	•		
	FLORIDA REALTY LLC			
SUBJECT:				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	A	Chael Hagas 1 Name of Person CONT Florian Read Firm/Company	Ly Ke	-
	 	Address		-
		City/State and Zip Code	·	FII 18 OCT SCORETA TALLAHA
For further information c	E-mail address: (concerning this matter, please co	to be used for future annual report not	ficution)	FILED PH 5: 01 ANIASSEE, FLORIDI
Name c	of Person	at (<u>186</u>) <u>A 86</u> Area Code Daytim	310) ne Telephone Numbe	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited l	ny as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited I Florida document number		were filed on and ass	igned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name (of the limited liab	lity company here:	
		ity Company," the designation "I.I.C" or the abbreviation "I	1 (12
•		1957 NE 149th St	اسر. س
Enter new principal offices address, if appli		North Miami FL 33181	
Principal office address MUST BE A STRE	E <u>T ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here			of the nev
Name of New Registered Agent:	Michael Habab	ou	
New Registered Office Address:	Michael Habab	ou	
		Enter Florida street address	
	Miami	. Florida 33181	
		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
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Filing Fee: \$25.00