L13000154483

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	Division of Corporations					
	eal Estate Support Services 2, I	LLC				
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Steven Brown					
	Name of Person					
	National Real Estate Support Services 2, LLC					
	Firm/Company					
	550 N Reo St. Suite 300					
		Address				
	Tampa, Florida 33609					
		City/State and Zip Code				
	steve@directbuyrealty.com					
	E-mail address: (to be used for future annual report no	tification)			
For further information c	oncerning this matter, please ca	all:				
Steven Brown		813 966-1667 at ()				
Name of Person		Area Code Daytir	ne 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)			
Mailing Addres		Street Address:	aati an			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

National Real Estate Support Services 2, LLC

2023 AUG -7 AH 7: 17

1 1.

(Name of the Limited	Liability Compa	iny as it now appears on Liability Company)	our records.)
(A	Florida Limited	Liability Company)	The trailing of the second
The Articles of Organization for this Limited Liab lorida document number L13000154483	oility Company	were filed on 11/01/2	013 and assigned
his amendment is submitted to amend the follow	ing:		
a. If amending name, enter the new name of the	he limited liab	ility company here:	
he new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		7324 W. Comanche	Ave
		Tampa, FLORIDA 33634	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		641 Arbor Lake lane Tampa, Florida 3360	
3. If amending the registered agent and/or reg gent and/or the new registered office address l Name of New Registered Agent:		address on our recor	ds, enter the name of the new regi
	7324 W Comar	iche Ave	
New Registered Office Address:	7.524 77 COMM	Enter Florida si	treet address
	Tampa		, Florida 33634
		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
MGR	Elane C Brown	550 N Reo St. Suite 300	
		Tampa, Florida 33609	Remove
			Change
			☐Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
		.	Change
			□Add
			□ Change