# L14000000001

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
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# **COVER LETTER**

TO: Registration Sect Division of Corpo				
SUBJECT: Lazarı	us Realty Adv	isors LLC		
Sobject.		ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Glenn Lazar	rus		
		Name of Person		_
	Lazarus Rea	alty Advisors		
		Firm/Company		_
	19155 cloist	er lake lane		
		Address		-
	Boca raton,	FL 33498		_
	alonnilozowa @a	City/State and Zip Code		
	glennjlazarus@gı	ITIAII.COITI to be used for future annual re	eport notification)	
For further information con	cerning this matter, please ca	all:		
glenn lazaru	S	<sub>at</sub> 305, 71	10-1232	
Name of I	Person	Area Code	Daytime Telephone Number	<del></del>
Enclosed is a check for the	following amount:			PR NAS
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific	ate of Status &

**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

Lazarus Rea Hy Aduisars LLC

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

(A Florida Limited Liability Company)

(A FIORIGA	Limited Liability Company)	
The Articles of Organization for this Limited Liability Conformation Florida document number <u>L1400006411</u>	ompany were filed on 1/9/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
G5 Realty Advisors , LLC		
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
		2. Z
Enter new mailing address, if applicable:		<b>20</b>
(Mailing address MAY BE A POST OFFICE BOX)		25.55
		2 2 10
		SE SE
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<del></del>			Add
			Remove
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	*		□ Add
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amending an	y other information, enter change(s) here: (Attach additional sheets, if ne	cessary.)
1		
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ective date, i effective date n date this docum	if other than the date of filing: (op- nust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 day nent is filed by the Florida Department of State)	<b>tional)</b> 's after
ited	1/8/14 /// 2014.	
	912	
	Signature of a member or authorized representative of a member	
Gle	enn Lazarus 💚 💛	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

