

8/29/23, 2:43 PM

Division of Corporations

L14000137173

Florida Department of State
Division of Corporations
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((H230003008123))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BURNS LAW OFFICES, P.A.
Account Number : I20140000036
Phone : (305) 733-8223
Fax Number : (866) 883-7019

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REAL ESTATE DEALERS LLC

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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T. LEMMON

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H230003008123)))

REAL ESTATE DEALERS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/03/2014 and assigned
Florida document number L14000137773.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NATHAN BEAUCHAMP

New Registered Office Address:

27 Mayten Ct N

Enter Florida street address

Homosassa Fl

34446

City

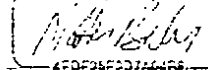
Florida

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.

DocuSigned by



If Changing Registered Agent, Signature of New Registered Agent

(((H230003008123)))

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: ((H23000300812.3))

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	PETER WILCOX	8008 RIO BELLA PLACE	☐ Add
		UNIVERSITY PARK, FL 34201	☒ Remove
			☐ Change
MGRM	ADAM WILCOX	7350 BLACK WALNUT WAY	☐ Add
		LAKEWOOD RANCH FL 34202	☒ Remove
			☐ Change
AMBR	NATHAN BEAUCHAMP	27 Mayten Ct N	☒ Add
		Homosassa FL 34446	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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