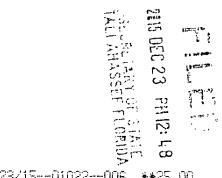
L14000186974

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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12/23/15--01022--006 **25.00

DEC 28 2015 J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp	ction porations		
	ALTY SOLUTIONS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	,
Please return all correspor	idence concerning this matter	to the following:	
	NABIL S. BASTA		
		Name of Person	
	BASTA REALTY SOLU	TIONS, LLC	
		Firm/Company	
	36625 US HIGHWAY 19	N	
	·	Address	
	PALM HARBOR, FL 346	584	
		City/State and Zip Code	3
	-nabil:basta@gmail.com	basta - Nabil @ C	amail - Com
For further information co	ncerning this matter, please of	·	carony
Nabil Basta		727 433-1515 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

(Name of the Limited Liability Con (A Florida Limited)	npany as it now appears on our re	cords.)
The Articles of Organization for this Limited Liability Compa $\frac{L14000186974}{L14000186974}$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		The second secon
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	.	22 PA
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	0:	, 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 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>	<u>Address</u>	Type of Action
AMBR	ALEXANDER S. BASTA	36625 US HWY 19 N	■ Add
		PALM HARBOR, FL 34684	Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			Add
		Remove	
			☐ Change
			☐ Add
			□ Remove
			□ Change
			Add
			Remove Cliange Cliang
		Add vine	
		☐ Change	
		Add	
		Remove	
			☐ Change

· · ·	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
, ,	
E. Effec	ctive date, if other than the date of filing: (optional)
	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ment's effective date on the Department of State's records.
f the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	e 90th day after the record is filed.
	DECEMBED 19 2015
Date	d DECEMBER 18,
	Signature of a member or authorized representative of a member
	NABIL S. BASTA

D.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00