## 11500129951

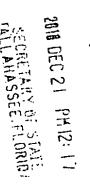
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	LY REAL Name of Lim	ESTATE & INVE	estment, LLC
	Amendment and fee(s) are sub indence concerning this matter	-	DEC 21
		Name of Person  TOTE & INVESTMEN  Firm/Company	SEE STA
		72 TH AUE Address	
	Lae 2090+	City/State and Zip Code  GGMOIL - Com  to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please of		•
Li Rosay Name o	f Person	at (305) 922 Area Code Daytime	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	INC: ADDRESS:	STREET/COURT	ED ANNUFES:

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



(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 Li	ability Compar	ny were filed on	7-29-2015	and assigned
Florida document number <u>L/5000/2</u>	•			_ 3
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited lis	hility company here:		
a.) u				
The new name must be distinguishable and contain the w	ords "Limited Lia	bility Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	able:	NIA		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I  B. If amending the registered agent and/or the new registered of	or registered		r records, enter th	e name of the new
Name of New Registered Agent:	n/n	<del></del>		
New Registered Office Address:		Enter Florida si	treet address	
			. Florida	
		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.

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>	Name	Address	Type of Action
AMBR	AYDEN G. Shlomo	301 Golden Isles Dr. #	205 Add
		301 Golden Isles Dr.# Hollandale Beach FL 33	<u>W</u> □ Remove
			Change
			Add
			Remove
		<del></del>	Change
			🗆 Add
			Remove
		<del></del>	Change
<del></del>		<del></del>	
			□ Remove
			□ Change
			Add
			Remove
			Change
		<del></del>	Remove
			Change

h	
f an el <u>Note:</u>	tive date, if other than the date of filing: $10-01-1\hat{8}$ (optional) Tective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
ne re The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of a 90th day after the record is filed.
Dated	December 15, 2018  Quature of member or authorized representative of a member
	Assar L
	Sunature of member or authorized representative of a member
	MGRM Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00