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(Re	questor's Name)	
————————(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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10/28/19--01042--015 **25.00

Amend

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: LY	Real Es	-tate stav. ited Liability Company	lestment LLC
The enclosed Articles of Amer	ndment and fee(s) are sub	mitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
_	Li t	Rog Of Name of Person	,, ,, , , , , , , , , , , , , , , , ,
_	ing Real	ESTOTE & TNUE Firm/Company	strient LLC
_		ges Blud Address	
	JOCKSONVI Lee Rogor E-mail addess	City/State and Zip Code City/State and Zip Code Com to be used for future annual report noti	2224
For further information concer			
Li Rosof Name of Perso	n	at (<u>305</u>) <u>922 - 17</u> Area Code Daytime	7 <i>71</i> e Telephone Number
Enclosed is a check for the fol	owing 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:

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

Ly Roal Estate A Twestasent LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number 2/5000/2995/ . 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: New Registered Office Address: Enter Florida street address

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	SHLOMO, AYDENG	30/ Golden Isles Dr #201	
		Hollowsalle, FL 33009	Remove
			Change
			D Add
			Remove
			Change
			Add
			Remove
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	<u> ~/A</u>
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ote:	ive date, if other than the date of filing: 10/25/13 (optional) fective 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 605.1 If the date insorted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.
ited	Victober 25 . 2019
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	The state of the s

Page 3 of 3

Filing Fee: \$25.00