15000141480

(R	equestor's Name)	
. (A	ddress)	
(A	ddress)	
(0	City/State/Zip/Phone #)	
. PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	





300317587143

09/04/18--01092--020 **25.00

STP -4 FT 6:52

SEP 1 0 2010 S. PRATHER

COVER LETTER

Division of Cor	porations		
SUBJECT:	Realty One Amer	icaLC	
· • · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
riease return an correspo	ondence concerning this matter	to the following.	
•	Kriskn K	Name of Person	
		Jisanie of Person	
		Firm/Company	
	901-C Cha	+ Move Road Address	
•	Booa Ration,	FL 33487 City/State and Zip Code	
		1000165. Com	ication)
For further information c	concerning this matter, please ca	all:	
Kristen King	Triven	at (<u>501</u>) <u>300 - 0</u> 0 Area Code Davtimo	721
Namg c	t Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Frail	y One A	merica,	_UL	<u> </u>
(Name of the Limite	A Florida Limited I.	ny as it now appear liability Company)	rs on our records.)	· &
The Articles of Organization for this Limited Lie	ability Company	were filed on	8/18/2015	€ and assigned
Florida document number <u>L1500014148</u>	<u>`</u>			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company ho	ere:	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the c	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>			
B. If amending the registered agent and/oregistered agent and/or the new registered of			our records, enter	the name of the new
registered agent and/or the new registered or	nce audress ner	<u>.</u>		
Name of New Registered Agent:	Eric	Jaiven		
New Registered Office Address:	901- (Clint N Emer Flo	NOWCE Read	
	Bora F	Ratur _	Florida	33487
		Cui		my come

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MAR	Guerrey S. Geten	1801 N Mitracy trail	🗆 Add
	v -	Swite 203	Remove
		Beca Ratio, Pl. 3343	Change
			Add
			□ Remove
			Change
•			□ Add
			Remove
			Change
			Add
			□ Remove
			□ Change
			🗆 Add
			□ Remove
			Change
			🗖 Add
			_□ Remove
			_□ Change

				<u>.</u>	
					·- <u>-</u>
· · · · · · · · · · · · · · · · · · ·		-	<u>.</u>		
					<u> </u>
				-	
			- -		
			··		
					
			<u>,</u>		
					
				·	
ective date, if other	than the date of fili	ng:		(optional))
effective date is listed, th	ne date must be specific a I in this block does not	nd cannot be prior to	date of filing or more th	ian 90 days after filin	g.) Pursuant to 605.0
	on the Department of		e statutory timing req	unements, uns dat	e will not be fisied
	delayed effective		an effective time	, at 12:01 a.m	on the earlier
he 90th day after	the record is filed	ſ.			
ed	 	-· 			ं
	K.	1 K	a Dra	()	- (2)
	- V	a mambar ar authoris	ed representative of a	member	
	Signature of	a member of authorn	ea representative or a		1
<u> </u>	-		name of signee		=======================================

Page 3 of 3

Filing Fee: \$25.00