(Re	questor's Name)	
. (Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: M WYNRY DEAL ESTATE UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
TAMARA SATRUSTE 601 Name of Person
TAXRECATED SERVICES CORP
6161 SW (TH ST Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at () > 86-515-7831 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Stat

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tailahassee, 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 Lim	J REAL	ESTATE	ue	
(Name of the Lim	ited Liability Compar (A Florida Limited L	<u>iy as it now appear:</u> iability Company)	on our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on	9/18/2015	and assigned
Florida document number US0001	592 <u>51</u> .			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liabi	lity company he	<u>re</u> :	
				- TAS
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the de	esignation "LLC" or the a	bbreviation L.C.
Enter new principal offices address, if appli	icable:			B HATE
(Principal office address MUST BE A STREET ADDRESS)		-		19 SEC
				E.F.S
Enter new mailing address, if applicable:				TATE ORIDA : 57
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered	office address here	2:		
Name of New Registered Agent:	TAYLEL	BE OSTA	wices es	24
New Registered Office Address:	6161 5	w (the s	ST ida street address	
	WEST	Rismi	, Florida	33144
Now Desistant Ament) Circulture 15 discreti		City		гір Соае
New Registered Agent's Signature, if changing	Registereu 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

Page 1 of 3

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 **Title** Address Name 1 **Type of Action** _ Add ■ Remove ☐ Change □ Add _□ Remove _□ Change _□ Add _□ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ■ Remove ☐ Change _□ Add ☐ Remove _ Change

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reco	of specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the Department of State's records.		

Page 3 of 3

Filing Fee: \$25.00