L15000173111

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COVER LETTER

Division of Corporations
SUBJECT: SUBJECT: Realty, LLC 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:
Sharon Strassfeld Name of Person
Firm/Company
237 Long Pond Road
Great Barrington, MA 01230 City/State and Zip Code
Sharonstrassfeld@gmail.Com E-mail address: (to be used for future annual report not discation)
For further information concerning this matter, please call:
Sharon Strassfeld at (212) 666-0045 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Solutional copy is enclosed}\$\text{ \$\text{Solutional copy is enclosed}}\$ \$\text{\$\

MAILING ADDRESS:

TO:

Registration Section

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 it now appears on our records. The Articles of Organization for this Limited Liability Company were filed on Florida document number 1 15000173111 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 "L.L.C." 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:

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 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sharan Strassfeld	237 Long Pond Road GREAT BAKRINGTON,	Add
		GREAT BAKRINGTON,	MA 012
			Change
MGR	Cynthia Elitza	- 1 Benjamin Franklin D Sarasota, FL 34236	<u>∩</u> □ Add
	·	Sarasota, FL 34236	Remove
			Change
	·		Add
			□ Remove
			Change
			Add
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			Change
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		2015 OCT	Change
		SA N	Add
		TOF TO	[T] □Remove
		PAIE ARIDA	□ Change

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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 day If the date inserted in this block does not meet the applicable statutory filing requirement	s after filing.) Pursuant to (
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:	01 am on the ea
e 90th day after the record is filed.	or a.m. on the ear
October 21 mit	
d <u>Octo ber 21, 2015.</u>	200
& Frufeld	52 8
Signature of a member or authorized representative of a member	1 26 1 26 1 28

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Filing Fee: \$25.00