## 215000181733

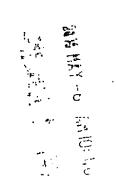
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## **COVER LETTER**

TO: Registration S Division of Co		•	
	e Realty, LLC		
SUBJECT:	Name of Lim	aited Liability Company	***
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joseph B. Nicho,s		
	Lagniappe Realty, LLC	Name of Person	
	6604 Sugarbesh Dr.	Firm/Company	
	Orlando, FL. 32819	Address	
	jnichols.hrf@gmail.com	Cuy/State and Zip Code	
	E-mail address; (	to be used for future annual report notific	ration)
For further information of	concerning this matter, please ca	all:	
Joseph B. Nichols		407 919-9902	
Name o	of 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)

MAILING ADDRESS:
Registration Section

Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLE	TO	
ADTICI ES	OF ORGANIZATION	10%
ARTICEES	OF	The state of the s
	Of	
Lagniappe Realty, LLC		and assigned
(Name of the Limited Liability	v Company as it now appears on our r Limited Liability Company)	ecords.)
(A Florida	Limited Liability Company)	3
The Articles of Organization for this Limited Liability Co	ounging were filed on 10/26/2015	and accurred
	mpany were med on	and assigned
Florida document number L15000181733	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR.	FCC)	
Tracipal affect address most bit a street about		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	ered office address on our rec	cords, enter the name of the new
registered agent and/or the new registered office addr		in as the fact the fame of the flew
Nones of Mone Doniet word Account.		
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street a	nddress
		Florida
	City	Zip Code
Non-Destate and American Storm Access (Fall Co. 200 Destate of	<b>.</b>	

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>	<u>Name</u>	Address	Type of Action
Mmbr	Dull, Elizabeth L	6604 Sugarbush Dr. Orlando, FL. 32819	
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vote:	ve date, if other than the date of filing:
e rec The	ord 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.
Dated_	5/3 2019
	// /
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00