(Re	equestor's Name)	· · · ·
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2015

YISSACHER RUBASHKIN 12100 SW 92ND ST MIAMI, FL 33186

SUBJECT: KENDALL REALTY LLC

Ref. Number: L15000201961

We have received your document for KENDALL REALTY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words. "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is J33761.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 815A00026205

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	Kendall Re	alty LLC			
bebulet.		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Yissacher Rubashkin			
			Name of Person		
			Firm/Company		
		12100 sw 92nd st			
			Address		
		Miami, FL 33186			
			City/State and Zip Code	~3	
		getzyrubashkin@gmail.com		2015	an migrang.
		E-mail address: (to be used for future annual report notification)	DEC	7]
For further in	nformation c	oncerning this matter, please ca	m. 57.5	ω —	m
Yissacher R	ubashkin		786 501-4072 TO	U	
	Name o	f Person	Area Code Daytime Telephone Number	£53	
Enclosed is a	check for the	ne following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy Certificate (additional copy is enclosed) Certified C (additional c	of Statu Copy	

Registration Section

TO:

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

EFFECTIVE DATE.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kendall Rea	lty LLC				
	(Name of the Lin	nited Liability Company (A Florida Limited Lia	as it now appears o bility Company)	n our records.)	
The Articles of Organizati	on for this Limited	Liability Company w	ere filed on Deem	ber 3rd 2015	and assigned
Florida document number	L15000201961	·			
This amendment is submi	tted to amend the fo	ollowing:			
A. If amending name, <u>e</u> r	nter the new name	of the limited liabilit	ty company here	;	
Regal Properties LLC	Recal	HiEghts	Realty	LLC	
The new name must be disting	ishable and Contain the	e words "Limited Liability	Company," the design	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offic	es address, if appl	licable:			
Principal office address	MUST BE A STRE	EET ADDRESS)			
					
		-			
Enter new mailing addro	ess, if applicable:				
Mailing address MAY B		E BOX)			
		<u> </u>			
		•		70	Na .
B. If amending the re	gistered agent an	d/or registered offic	ce address on o	ur records, <u>enter</u>	the name of the no
registered agent and/or t	he new registered	office address here:		The first	
				CJ	<u>~</u>
Name of New R	egistered Agent:			\$ THE STATE OF THE	
New Registered	Office Address:				
New Registered	Office Addiess.		Enter Florida		ກ ນ
				, Florida	
			City		Zip Code

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 of removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change Add Add Change Add Change Change Change
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			□ Change

ffective date, if other than the date of filing: 01/01/2016		
frective date, if other than the date of filing: 01/01/2016 (optional) an effective 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 605.0207 ofte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records. The 90th day after the record is filed. Signature of a member or authorized representative of a member		•
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Fective date, if other than the date of filing: (optional)		
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Page 3 of 3

Filing Fee: \$25.00