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DATE: 04/01/22

NAME: REALTYME SOLUTIONS LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: RE	ALTYME S Name of Lie	DLUTIONS LU		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspon	ndence concerning this matte	r to the following:		
	Deri	TICK Robinson  Name of Person		
		Firm/Company	<del></del>	
	1025	E HALLANDAL Address	E BEACH BLUD STE	: 15-74
	HALLA REALTYI E-mail address:	NDALE BEACH F City/State and Zip Code  NESOLUTIONS LL (to be used for future annual report notified)	L. 33009 Cagnall.com	
For further information co	ncerning this matter, please o		,	
DERRICK R Name of	OBINSON Person	at (954) 270- Area Code Daytime	- 23 L 3 c Telephone Number	
Enclosed is a check for the	following amount:			
13 \$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:		Street Address:		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REALTYME SO	LUTIONS LLC	
(Name of the Limited Lie (A Fig.	bility Company as it now appears on our records.) prida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on $0/21/201$	and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the I  REALTYME BIZ SO  The new name must be distinguishable and contain the words "I	LUTIONS 11C	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2027
(Principal office address MUST BE A STREET AD	DRESS)	8 T
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		ANASSER, FUE
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the</u> :	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	8Ziv Code
Nam Davistana d A 41- Ct	<del>,</del>	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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			DAdd
			□ Remove
		<del> </del>	Change
<del></del>			□Add
			□ Remove
			Change
·			□Add
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			□Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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if an effe <b>Note:</b>	ve date, if other than the date of filing:
record d is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated_	3/30/2022
	The AA
	Signature of a member or authorized representative of a member
	_

Filing Fee: \$25.00