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(Address)								
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2016 APR 27 PH 2: 30

K.SALY EXAMINER APR 29

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	T: Mame of Limited Liability Company	
The en	osed Articles of Amendment and fee(s) are submitted for filing.	
Pleasc	turn all correspondence concerning this matter to the following:	
	Joene Greson Name of Person	
	Name of Person	
	Mujestic Realty LCC	
	9183 SW & 7+12 Terra 4	
	Davie F1, 33328	
	Duvie F1, 33328 City/State and Zip Code Majestic Routy UC agmail. (om Estimated address: (to be used for future annual report notification)	
For fur	er information concerning this matter, please call:	
ح.	Toe lle Gree at (954) 638-2003 Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclos	is a check for the following amount:	
\$2:	00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$60.00 Filing Fee, Certificate of Status}\$\Bigcup \text{\$certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION OF
ARTICLES OF ORGANIZATION OF 2016 APR 27 (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
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)
3. 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: Enter Florida street address
Enter Provide Street 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.

City

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joelle Eisner	4183 SW 87m	 Add
Aribk		Davieri 333	25 □ Remove
. A	·	6642 Town Square Dri	□ Change
MUK	Julqueline Esner	Ob42 Town Square Dri Alfanting F1 33315	
		DAYIP PI 33315	Remove
			Change
			🗆 Add
			□ Remove
			Change
			Change FILL
			ASSITE Remove
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		Signa	ature of a me	ember or aut	norized repre	sentative of a	member	•		

Page 3 of 3

Filing Fee: \$25.00