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(Requestor's Name)				
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(Business Entity Name)				
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TO:	Registration Secti Division of Corpo	rations	
SUBJI	ECT:	Name of Lim	MLS Listings, LLC
The cr	iclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.
Please	return all correspond	ence concerning this matter	to the following:
			GISVANTI NICOLIA
		Dice	Sinvance Micosia Name of Person Name of Person Cistings Firm/Company
		211	E Communici B/V/
			Ochland Pirk, FC 33337
		E-mail address: (City/State and Zip Code $1 (05) A (W) $ to be used for future annual report notification)
For fu	rther information con	cerning this matter, please c	•
	(), 6 V/)	pril'	at (9) 4) 726-5580 Area Code Daytime Telephone Number
	Name of P	erson	Area Code Daytime Telephone Number
Enclos	sed is a check for the	following amount:	
	S 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Se Division of Cot		Street Address: Registration Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Direct MC	(5 Cirtins), [Cossi PH 4:50
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records. Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number \(\begin{aligned} \begin{aligned} \delta \delt	Company were filed on $\frac{2/2/16}{372}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limi	ited 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	RESS)
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	, 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

_ ☐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 = Authorized Member		FILEC		
Title MGR	Name Violet Rose	Address Address ALLAHASSELTEGRIDA	Type of Action	
		- CLORIDA	🗀 Add	
			Remove	
			Change	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			□Remove	
			🗀 Change	
			🗀 Add	
-			Remove	
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			Remove	