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DATE: 3/3/2021

NAME: CONNA O'DONOVAN REAL ESTATE, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CONNA O	DONOVAN REAL ESTATE.	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Conna Duch		
		Name of Person	
	Conna O'Donovan Real Es	state LLC	
		Firm/Company	
	913 Gulf Breeze Parkway	Suite 38	
	·	Address	
	Gulf Breeze, FL 32561		
		City/State and Zip Code	
	conna@connaodonovantear		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
CONNA DUCH		at (<u>S50</u>) 232-4001 Area Code Dayti	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne 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		Street Address:	·
Registration S Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICÉES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONNA O'DONOVAN REAL ESTATE LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company w	ere filed on 02/23/2016	and as	ssigned
Florida document number L16000038038			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	breviation "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 ad-	dress on our records, enter the nam	e of the Bo	w registe
gent and/or the new registered office address here:	: (*	က်က မြေ	
		THE S	Ĺ
Name of New Registered Agent:		· H	
New Registered Office Address:	Enter Florida street address		
	Liner I wind sireer day ess		
	, 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 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>	Name	Address	Type of Action
MGR	ANGELA ROBBIN BOYD	15040 INNERARITY POINT RD.	≡ Add
		PENSACOLA, FL 32507	□Remove
			□Change
			□ Add
			Remove
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ctive date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the D	t be specific and cannot lock does not meet the	applicable statutor	ng or more than 90 days	optional) after filing.) Pursuant to 66 s, this date will not be lis)5.02(sted a
ord specifies a delayed effectiv filed.	e date, but not an effe	ctive time, at 12:01	a.m. on the earlier of	of: (b) The 90th day aft	er th
d MARCH 2	. 2021				

Filing Fee: \$25.00