444

| (Requestor's Name) | | | |
|---|--------|--|--|
| (Address) | | | |
| . (Address) | ····· | | |
| (City/State/Zip/Phone #) | ···· | | |
| PICK-UP WAIT | MAIL | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of S | Status | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| Special Instructions to Filing Officer: | | | |

Office Use Only



800286035308

05/31/16--01028--003 **185.00

SECRETARY OF STATE TALL AHASSEE, TLORIDA

JUN 0 3 2016 S. YOUNG

-

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Vorbe Realty LLC | | |
|--|---|------------------------------|
| (<u>Name of the Limited Lia</u> (A Flo | ability Company as it now appears on our record orida Limited Liability Company) | (8.) |
| The Articles of Organization for this Limited Liabilit | ty Company were filed on 03/16/2016 | and assigned |
| Florida document number L16000054142 | · | |
| This amendment is submitted to amend the following | y'. ' | |
| 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 AD | DDRESS) | |
| | | |
| | | 3 22 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | PA . F. |
| | | Si Offi |
| | | 2 |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | | s, enter the name of the nev |
| registered agent and/or the new registered office a | nddress nere: | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | s |
| - | | orida |
| | 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager 1 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------|--------------------|---|
| AMBR | Jean Marie Vorbe | 10279 SW 144 PLACE | □ Add |
| | | MIAMI, FL 33186 | Pemove |
| | | | ■ Change |
| | | | Add |
| | | | □ Remove |
| | | | Change D SE CARE |
| | | | And |
| | | | Change Change |
| | | | Add |
| | | | □ Remove |
| | | | □ Change |
| | | | □ Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | □ Change |

| • • • 1 | | | - |
|---|--|---|-----|
| | · , , , , , , , , , , , , , , , , , , , | | _ |
| | | | |
| | | | _ |
| | | | _ |
| | | | |
| | | | _ |
| | | | _ |
| | | | |
| | | | - |
| | | | _ |
| | | | _ |
| | | | _ |
| | | | |
| | | | _ |
| | | | |
| | | ਰੇ | 2 |
| . , , , , , , , , , , , , , , , , , , , | | | - (|
| | | 16 MAY 31 | _ |
| | | | |
| ······································ | | 3 | : |
| | ···· | <i></i> | L |
| | | | |
| | | | = |
| If the date inserted in this block iment's effective date on the Depa ecord specifies a delayed e | specific and cannot be prior to date of fil does not meet the applicable statuto rtment of State's records. ffective date, but not an effective date, | (optional) ling or more than 90 days after filing.) Pursuant to 60 ory filing requirements, this date will not be list ctive time, at 12:01 a.m. on the earl | ted |
| ne 90th day after the record | | | |
| ed May 26 | | | |
| Ale als Mu | nature of a member or authorized repres | | |

Page 3 of 3

Filing Fee: \$25.00