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COVER LETTER

	Registration Se Division of Cor		
SUBJEC		INVESTMENTS LLC	
SUBJEC	1	Name of Lim	nited Liability Company
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please ret	urn all correspo	ndence concerning this matter	to the following:
		Guy Goldrat	
			Name of Person
		MS REAL INVESTMENT	TS LLC
Firm/Company			Firm/Company
		6847 N 9th AVE STE A36	54
			Address
		PENSACOLA, FL 32504	
			City/State and Zip Code
		g2grinc@gmail.com	
For furthe	er information co	e-mail address: (to be used for future annual report notification) all:
Guy Gold	drat		850 860-9051
	Name of	f Person	at ()
Enclosed	is a check for th	e following amount:	
\$25.0	0 Filing Fee	S30.00 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 of Certified Copy (additional copy is enclosed)
} [Mailing Address Registration S Division of Co P.O. Box 632 Fallahassee, F	Section orporations 7	Street Address: 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

5

MS REAL INVESTMENTS LLC		
	ility Company as it now appears on our records.	
(A Flor	illity Company as it now appears on our records. ida Limited Liability Company)	Ġ
he Articles of Organization for this Limited Liability lorida document number $\frac{1.16000105132}{1.16000105132}$	Company were filed on 05/31/2016	and assigned
nis amendment is submitted to amend the following:		-
. If amending name, enter the new name of the li	mited liability company here:	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	ORESS)	
The space of the dates specifically and the space of the	782557	
inter new mailing address, if applicable:		
		
Mailing address MAY BE A POST OFFICE BOX		
 If amending the registered agent and/or register gent and/or the new registered office address here 		ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
-	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>	<u>Name</u>	Address	Type of Action
AMBR	RIVKA AROUSI	6847 N 9th AVE Suite A 364 Pensacola, FL 32504	□ Add
			■ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Remove
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ective date, if other than the da	ate of filing:		(optional)	
n effective date is listed, the date must bete: If the date inserted in this block	e specific and cannot be prior to k does not meet the applical	date of filing or more than sole statutory filing require	90 days after filing.) Pursuar ements, this date will no	nt to 605.020° t be listed as
cument's effective date on the Department				
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Guy Goldrat	gnature of a member or author	ized representative of a men	nber	2024 () _E E -S