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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
Contempo	Realty LLC	,	
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Name of Person Area Code Daytime Telephone Number at (
Please return all correspo	ondence concerning this matter	to the following:	
	Barbara Turi		
		Name of Person	
	Contempo Realty LLC		
	<u> </u>	Firm/Company	
	219 Bella Rose Drive		
		Address	
	Chapel Hill, NC 27517		
	barbaraturi@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
Barbara Turi		860 391-2474	
		at ()	
Name o	f Person	Area Code Daytim	ie Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address		Street Address:	ati an
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Contempo Realty LLC			
(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited L. I lorida document number L 1 6000129093	iability Company were filed on _	July 7, 2016	and assigned
his amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name o	f the limited liability company b	<u>iere</u> :	
he new name must be distinguishable and contain the w			282
ne new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation "LLC" or the abbi	eviation T.L.C.
nter new principal offices address, if applic	able:		20 S.Z.
Principal office address MUST BE A STREE	T ADDRESS)		o 327
			→ 50
			<u> </u>
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
			•
. If amending the registered agent and/or reent and/or the new registered office address		records, <u>enter the name</u>	of the new regist
Name of New Registered Agent:			
New Registered Office Address:	1118 Hounds Run		
		orida street address	
	Safety Harbor	, 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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
		·	Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
		-	□Change
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Effective date, if other (If an effective date is listed Note: If the date inser document's effective d	ted in this block do	es not meet the	applicable stat	f filing or more th tutory filing req	an 90 days after fil uirements, this d	ing.) Pursuant to 60	5.0207 sted as
he record specifies a dela ord is filed.	wed effective date.	but not an effec	ctive time, at 1	2:01 a.m. on th	e earlier of: (b)	The 90th day aft	er the
April 1		2020)				
Dated							