LI6000137666

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP		MAIL
(Bu	siness Entity Nam	e)
(Ďo	cument Number)	<u>_</u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	/



01/11/21--0.





TO: Registration Section Division of Corporations

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

Carmon Lee Woodley at (850) 585-5491 Name of Person Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ S60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is each

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

Abandoned Property by C Lee W 3 Assoc, LLC (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{\emptyset 7/21/2}{\emptyset 16}$ a Florida document number L 16000 137666

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

<u>All American Real Estate Services, LLC</u> The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviat

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)

C/O Carmon Lee Wood! 11217 Dean St. ... Bonita Springs, FL 34 All American Reyl Estate Servi

12870 Traile Way Four #107=33 Bonita Springs, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of t agent and/or the new registered office address here:

Name of New Registered Agent:	Donna F. McCoy	
New Registered Office Address:	1149 Exceller Ct. #101 Enter Florida street address	
	Casselberry	, Florida 32^{-7}

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am famili accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if thi being filed to merely reflect a change in the registered office address. I hereby confirm that the limited company has been notified in writing of this change.

or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>T</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: $\frac{\cancel{0}}{\cancel{0}} \frac{\cancel{0}}{\cancel{0}} \frac{\cancel$

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th c record is filed.

Dated January \$5 ted January Ø5. 2021. Comin Lee Woodly Signature of a member or authorized representative of a member Carmon Lee Woodley Typed or printed name of signee