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Amend Mane

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COVER LETTER

	Registration So Division of Cor		·			
, SUBJEC	PAYER RE	EALTY LLC.				
SUBJEC	',	Name of Lin	nited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please reti	ım all correspo	ondence concerning this matter	to the following:			
		Serge Payer				
			Name of Person			
		PAYER REALTY LLC.				
			Firm/Company			
		3101 NW 126th TER				
		Address SUNRISE, FLORIDA 33323				
		City/State and Zip Code				
		payerserge@gmail.com				
			to be used for future annual report notific	cation)		
For further	information c	oncerning this matter, please ca	all;			
Serge Pay	ег		954 629.6094			
Name of Person		f Person	at () Area Code Daytime	Telephone Number		
Enclosed i	s a check for th	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)		
	Iailing Address egistration S		Street Address: Registration Sect	·		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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



PAYER REALTY LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	Liability Comp	any were filed on September 26, 2019	9 and assigned
The Articles of Organization for this Limited Liability Company were filed on September 26, 2019 and assigned Florida document number L16000153183 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PAYER GROUP LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: SAME SAME Enter Florida street address Enter Florida street address			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited l	iability company here:	
PAYER GROUP LLC.			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	SAME	
(Principal office address MUST BE A STREE	ET ADDRESS	2	
Enter new mailing address, if applicable:		SAME	
(Mailing address MAY BE A POST OFFICE	BOX)		
		ce address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	SAME		
New Registered Office Address:	SAME		
		Enter Florida street address	
		, Flor	
		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
Mrs.	Doris Payer	3101 NW 126th TER, SUNRISE, FLORIDA 33323	□Add
			= Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
		-A	□Remove
			Change
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			□Remove
			□Change
			□Add
			□Remove
			Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day cord is filed. Dated May 29 Signatur Colamenter or aythorized representative of a member	
Effective date, if other than the date of filing: June 1.2020	
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<i>,</i>	_
Serge Payer	

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Filing Fee: \$25.00