## 416000186921

(Requestor's Name)
(Address)
· ·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(5.0)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

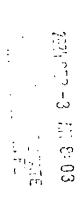
Office Use Only



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## **COVER LETTER**

	gistration Se vision of Cor			
SUBJECT:	RealtyVest,	LLC		
SOBJECT		Name of Lim	ited Liability Company	<del></del>
		Amendment and fee(s) are sub	<del>-</del>	
		Joseph A. Pursley		
			Name of Person	-5220  Daytime Telephone Number  \$\$\sum \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
		RealtyVest, LLC		
		• • • • • • • • • • • • • • • • • • • •	Firm/Company	
		1694 Lago Vista Blvđ		
			Address	<del></del>
		Palm Harbor, FL 34685		
			City/State and Zip Code	
		joe@realtyvest.net		<del></del>
			to be used for future annual report notif	iication)
For further	information c	oncerning this matter, please c	all:	
Joseph A. I	Pursley		727 432-5220 at (	
	Name o	f Person		e Telephone Number
Enclosed is	a check for the	ne following amount:		
<b>\$25.00</b>	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	Certificate of Status & Certified Copy

Mailing Address: 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RealtyVest, LLC		
(Name of the Limited I	.iability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi		and assigned
Florida document number L16000186921	·	
his amendment is submitted to amend the following	ng:	
a. If amending name, enter the new name of th	e limited liability company here:	
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	ADDRESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
3. If amending the registered agent and/or regi		e name of the new regist
gent and/or the new registered office address h	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
•	City	Zin 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
MGR	Vcornika Rojas-Matiz	1355 Bay Harbor Dr, Apt 206, Palm Harbor, FL 3468.	5 _ ■Add
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		<u> </u>	_ □Change
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Note: If the c	date inserted in this bloc	ate of filing:  e specific and cannot be prio k does not meet the appli artment of State's records	cable statutory filing re	(optional) than 90 days after filing.) P equirements, this date wi	ursuant to 605.0207 (3)(bill not be listed as the
record speci d is filed.	fies a delayed effective o	late, but not an effective	time, at 12:01 a.m. on t	the earlier of: (b) The 9	
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,aicu		) de > 1			5 S
	Śi	gnature of a member or auti	norized representative of	a member	1 8:03

Filing Fee: \$25.00