(Requestor's Name)
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JAN 11 2017 S. YOUNG



COVER LETTER

Division of Cor	porations				
SUBJECT: Kati	e Goldberg i	Real Estate PLLC	<u> </u>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	<u>Katie G</u> Katie Ka	Name of Person	11.0		
	100110 100	plan Goldberg P			
	6699 N F	ederal Highway,	<u>Suite 103</u>	17 J	SEGR
	Bora Rati	City/State and Zip Code		JAN 10	が対
		City/State and Zip Code		5	份交
	<u>Katie osi</u>	gnature paradise to be used for future annual report notif	.com	:4 H9	1.0
For further information c	e-mail address: (oncerning this matter, please co		ication)	կ։ 56	COSTO
Katie Gro	1dberg f Person	at (<u>954)</u> <u>253~</u> Area Code Daytime	1312 Telephone Number	-	·
Enclosed is a check for the	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 Fe Certificate of S Certified Copy (additional copy is	tatus &	

MAILING ADDRESS:

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

TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Katie Goldberg Real (Name of the Limited Limit	Estate PLLC ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on November 1, 20	6 and assigned
Florida document number <u>L 16000 200 632</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Katie Kaplan Goldberg P The new name must be distinguishable and contain the words "Limited Liability	LLC ty Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	- 7·S
(Principal office address MUST BE A STREET ADDRESS)		7 - CS
		778
		0 025
Enter new mailing address, if applicable:	N/A	2 1190
(Mailing address MAY BE A POST OFFICE BOX)		F. 9.53
(Withing dauress MAT BE A FOST OFFICE BOX)		क्ष कुल
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent: N/A		
New Registered Office Address: V/A	Enter Florida street address	<u>.</u>
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	zip code
		, total
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I ai	m familiar with and

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
	N/A		Add
			Remove
			Change
			Add
			☐ Remove
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	January 6 . 2017.	
Sord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed. January 6, 2017	Ol Oran	
90th day after the record is filed.	Krita Holdber	ntative of a member

Page 3 of 3

Filing Fee: \$25.00