16000214499

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SF Realty Experts LLC Name of Limited Ciability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher Schlitz Name of Person
SF REALLY Experts LLC
1127 Vermiliun Dr
CAKE WORTH FC 33461
City/State and Zip Code Chris Schlitz @ 9,44t Licom E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christophe Sch 672 at (561) 225-5774.
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

COVER LETTER

SUBJECT:	F Real-	Hy Experts ted Ciability Company	<u>LLC</u>
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	<i>^</i>	Lupher Sch Name of Person Realty Exa	hlitz orts LLC
		Firm/Company	RITS CCC
	1127 1	Vermilion D	<u></u>
		Address	2201/ /
	LAKE U	worth FC	3346/
	E-mail address: (t	City/State and Zip Code CLLTTZ @ 9 MA to be used for future annual report notifie	
For further information cor	cerning this matter, please ca		*
Christophe	Sch Litz	at (561) 225	-5174.
Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

Registration Section Division of Corporations

TO:

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

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

S F Realty Experts LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Jiability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000214499</u> .	were filed on 11/23/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1127 Vermilion Dr	
(Principal office address MUST BE A STREET ADDRESS)	Lake Worth Fl 33461	<i>≥</i> 0.
		7
Enter new mailing address, if applicable:		AY 30
(Mailing address MAY BE A POST OFFICE BOX)		
		7: 05
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	• Enter Florida street addre:	XX
	; , F1	oridaZip 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 Changing Registered Agent, Signature of New Registered Agent

* 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	MURATA, MARIA CAMILA	8430 NADMAR AVE Boca Raton	Add
			■ Remove
			Change
MGR	Christopher A Schlitz	123 Atwell dr West Palm Beach Fl	Add
			■ Remove
			□ Change
MGR	Charles D Medalie	7811 Ashley Circle Bradenton Fl 3	Add
			□ Remove
			Change
			Add
			□ Remove
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Effortivo d	late, if other than t	ha data of fili	June 1,20	017		(optional)		
(If an effective	e date is listed, the date in this	must be specific a	and cannot be pri	or to date of filing	or more than 90 da	ys after filing.) Pursu	ant to 605	5.020
document's	effective date on the	Department of	f State's record	ls.	ming requiremen	ns, this date will it	or oc risk	cu a
the record	specifies a delay h day after the r	ed effective	date, but r	not an effect	ive time, at 12	2:01 a.m. on th	ne earlie	er c
) The soc	il day arter the i	ecora is med	٦.					
Dated May	24		2017	1	0 1	,		
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-		Signature of	and the second		Silve Silv brember			

Page 3 of 3

Filing Fee: \$25.00