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DIVISION OF CORPORATIONS

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COVER LETTER

TO:		istration Sec sion of Corp			
	ucze.		reeze Realty, LLC		
SUB	JECT:			ted Liability Company	
The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Theresa Bassing Name of Person Eastern Breeze Realty, LLC Firm/Company 1101 W. Hibiscus Blvd, Suite 100 Address Melbourne, FL 32901 City/State and Zip Code tbassing realtor@gmail.com E-mail address: (to be used for future annual report notification) For flatther information concerning this matter, please call: Theresa Bassing 121 626-4853 Name of Person Enclosed is a check for the following amount: Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status					
Pleas	se return	all correspor	idence concerning this matter t	o the following:	
			Theresa Bassing		
		Theresa Bassing Name of Person Eastern Breeze Realty, LLC Firm/Company 1101 W. Hibiscus Blvd, Suite 100 Address Melbourne, FL 32901 City/State and Zip Code tbassing.realtor@gmail.com E-mail address: (to be used for future annual report notification) permation concerning this matter, please call: sing 321 626-4853			
			Eastern Breeze Realty, L	Name of Person 7. LLC Firm/Company 1. Suite 100 Address City/State and Zip Code 1. com 5: (to be used for future annual report notification) 2: call: 321 626-4853	
				Firm/Company	
			1101 W. Hibiscus Blvd, S	Suite 100	of Person Company Idress and Zip Code r future annual report notification)
				Address	
			Theresa Bassing Name of Person Eastern Breeze Realty, LLC Firm/Company 1101 W. Hibiscus Blvd, Suite 100 Address Melbourne, FL 32901 City/State and Zip Code tbassing.realtor@gmail.com E-mail address: (to be used for future annual report notification) terning this matter, please call: 321 626-4853		
				City/State and Zip Code	
					
			E-mail address: (to	o be used for future annual report not	afication)
For t	urther in	formation co	ncerning this matter, please ca	II:	
The	resa Ba	ssing			
		Name of	Person	Area Code Daytir	ne Telephone Number
Encl	osed is a	check for the	e following amount:		
	\$25.00 Fi	iling Fee			

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

Eastern Breeze Realty, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000081912	were filed on April 12, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	1101 W. Hibiscus Blvd., Suite 100	
Principal office address MUST BE A STREET ADDRESS)	Melbourne, FL 32901	SEGRE VISIDE 8 AUG
Enter new mailing address, if applicable:	1101 W. Hibiscus Blvd., Suite 100	TARY OF CORPU
Mailing address MAY BE A POST OFFICE BOX)	Melbourne, FL 32901	1: 28
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		he name of the n
New David and Office Address.		1-
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Change
			Add
			Remove
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ective date, if other than the date of filing:	ial)
i effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after files. If the date inserted in this block does not meet the applicable statutory filing requirements, this d	
rument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.r The 90th day after the record is filed.	m. on the earlie
led Aug. 13, 20/8.	
Margia Radina	
Signature of a member or authorized representative of a member	
Signature of a memory of authorized representative of a memori	

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