# 117000082470

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Listings Line, Name)
(Document Number)
(Docament (tamber)
Cartification of Status
Certified Copies Certificates of Status
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Office Use Only



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# **COVER LETTER**

TO: Registration Sec Division of Corp		•	
SUBJECT: O	d Town Rea	Lty LLC ited Liability Company	
The enclosed Articles of A	unendment and fee(s) are subr	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Brenda	Name of Person	- <del></del>
	Old Ta	Wn Roalty Firm/Company	
	<u> </u>	Flagler Ave	) 
	- Kay Le executively	Name of Limited Liability Company  and fee(s) are submitted for filing.  Prends Duley Name of Person  Old Town Roadty Firm/Company  Dais Flagley Ave Address  Address  Address  Lemail address: (to be used for future annual report notification)  s matter, please call:  Uley  at 305 766  Area Code  Daytime Telephone Number  amount:  Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee,	
		•	fication)
For further information co	ncerning this matter, please ca	at (305) 766 -	9576 e Telephone Number
Enclosed is a check for the	: following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2022

BRENDA DULEY OLD TOWN REALTY PO BOX 1082 KEY WEST, FL 33041

SEP 2 0 2022

SUBJECT: OLD TOWN REALTY LLC

Ref. Number: L17000082470

We have received your document for OLD TOWN REALTY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 022A00022633

10/17/22

Neipa. Thank you for your help in this. Brinda Duley 305-766-9876

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 OCT 24 PM 12: 59 The Articles of Organization for this Limited Liability Company were filed on Florida document number L170000 82470 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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: Enter Florida street address

## 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.

City

, Florida

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	Joseph Duley	1900 Miner St	DXAdd
	·	1900 Miner St Idaho Springs, Co 80452	□Remove
		86452	□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and c Note: If the date inserted in this block does not me document's effective date on the Department of Sta	cannot be prior set the applica	able statutory f			.) Pursuant		
e record specifies a delayed effective date, but not a rd is filed.	n effective ti	me, at 12:01 a.	m. on the earlie	erof:(b) Tl	ne 90th da	y after th	าต
Dated Oct 17  Brenda Dula  Brenda Dula	<u>2027</u>	<u> </u>					
$\rho$	0	Man					
Exercise Signature of a me	ember or autho	rized representa	ive of a member			_	

Filing Fee: \$25.00