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(Req	juestor's Name)	·-
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PICK-UP	☐ WAIT	MAIL
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SUBJECT:		REAL ESTATE ACQUISITION	ON LLC	
SUBJECT		Name of Lin	nited Liability Company	
		Amendment and fec(s) are sub	-	
		WILLIAM DENIS		
		FLORIDA REAL ESTAT	Name of Person TE ACOUISITION LLC	
			Firm/Company	
		501 E LAS OLAS BLVD	<u> </u>	
		FORT LAUDERDALE, F	Address L 33301	
		WILLIAM@FREABUYS.	City/State and Zip Code COM	
			to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please co	all:	
WILLIAM DENIS 561		561 2835666 at ()		
	Name o	Person	Area Code Daytime	Telephone Number
Enclosed is:	a check for th	e following amount:		
□ \$25.00 l	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)

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

FLORIDA REAL ESTATE ACQUISITION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/13/2017}{2}$ and assigned Florida document number | L17000088245 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 "LLC." 501 E LAS OLAS BLVD STE 300/200 FORT Enter new principal offices address, if applicable: LAUDERDALE FL 33301 (Principal office address MUST BE A STREET ADDRESS) 501 E LAS OLAS BLVD STE 300/200 EDRT Enter new mailing address, if applicable: LAUDERDALE FL 33301 (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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
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(If an effective Note: If th	date, if other than the e date is listed, the date mu e date inserted in this b s effective date on the D	st be specific and c lock does not me	cannot be prior to set the applicab	date of filing or n le statutory filin	ore than 90 days afte	ional) r tiling.) Pursuant is date will not b	to 605,0207 (se listed as ti
	specifies a delayed th day after the rec		ate, but not a	an effective t	ime, at 12:01	a.m. on the e	earlier of:
Dated	AUQU.57	£ 30.	20/9			5	
-		Signature of a m	ember or authoriz	ed representative	of a member		

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Filing Fee: \$25.00