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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

17 JUN 26 P 3

D. BRUCE JUN 28 2017

COVER LETTER

Division of Co						
SUBJECT:	Idea	al Realty LLC				
30b0EC1.	Name of Lir	nited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Katharine Rose				
		Name of Person				
		Ideal Realty LLC				
		Firm/Company				
		1216 NW 13th Street				
		Address				
		Gainesville, FL 32601				
		City/State and Zip Code				
	E-mail address:	ideal.realty@outlook.com to be used for future annual report no	ntification)			
For further information of	concerning this matter, please c	•	incation)	ZOIT SEC		
	ine Rose	305 733 -		2117 JUN 26 SECRETARY ALLAHASSE	<u> </u>	
Name (of Person	Area Code Dayti	me Telephone Number	RY OF SEE. FI	OBJI	
Enclosed is a check for t	he following amount:			STA	D	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ing Fee, e of Status &		
				,		

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

	Ideal Realty LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now apperida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL17000107985	y Company were filed on _	May 15, 2017	and assigned
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the I	imited liability company	here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the	designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		•	FILED 2017 JUN 26 P 3 SECRETARY OF STATE ALLAHASSEE, FLORE
B. If amending the registered agent and/or re registered agent and/or the new registered office a		on our records, <u>er</u>	©₩ S
Name of New Registered Agent:			
New Registered Office Address:	Futor E	orida street address	
	Enter F1		
_	City	, Florida	a 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Roy Rose		
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Page 3 of 3

Filing Fee: \$25.00