# 117000134690

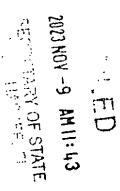
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Bryant Warren Nome of Person
Warren Really Advisors, LLC Firm/Company
2030 Sepler dr. Fern Pad. Address
Fem Park, FL 32730  City/State and Zip Code  John bryan + Warren @ gmail. com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Bryant Warren at (107) 840-8446  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Certificate of Status \$\Bigcup \\$60.00 Filing Fee, \Certificate of Status \& \Certificate of Statu

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Warren Realt	y Advisors, LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L17200134690</u> .	were filed on 6/21/17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
John Bryant Wa	arren, LLC
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA
(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 acagent and/or the new registered office address here:	ldress on our records, enter the name of themew registered
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida streyl address
<del></del>	City Florida Trip 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.

NIA

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Man AMBR = Auth	ager oorized Member		
Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			🗆 Remove
			Change
			□ Add
			□Remove
			🗆 Change
			□ Add

\_\_\_\_\_ □Remove

\_\_\_\_\_ Change

lf ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
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`un effecti <u>lote:</u> If	date, if other than the date of filing:
record s	necifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed	November 5th
ated	H15/21 2021
-aicu	An Do
	Signature of a plember or authorized representative of a member
	Typedor printed name of signee