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COVER LETTER

TO: Registration Section Division of Corporations

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KEGENCY REAL ESTATE, LLL Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michel Scala South Milhausen 1000 Legion PL. Ste. 1200 Address ORLANDOJFL 32801 City/State and Zip Code MS cala Sals@GMAIL.Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michel Scala at (321) 303-4539 Area Cade Davine Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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	AMENDMENT
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ARTICLES OF (ORGANIZATION 💦 👘
. (DE FILED 2024 DEC -5 PH12:58
•	2024 DEC - 5 DU
REGENCY REA	LESTATES LLC PHILE:58
REGENCY REA (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan	v were filed on JUNE 22,2017 and assigned
Florida document number L 1 7 0001364	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	sility 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)	
D. If amandian the maintened access and/ar paristaned office	address on our records, enter the name of the ne <u>w registered</u>
agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	sth Milhausen, P.A.
New Registered Office Address:	LEGION PLACE, Str. 1200

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.

Michel &

Enter Florida street address

ORLANOO, Florida S280/ City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Change
			🛛 Add
			🗆 Remove
			□Change
			🗋 Add
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e date of other than	the date of filing:	(optional)

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 22 2024 Signature of a member or authorized representative of a member Scala, Esq. Michel

lyped or printed name of signee

Filing Fee: \$25.00