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2017 SEP 18 PH 2: 34

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hashtag Realty Group LLC 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:
Rachelle Miller Name of Person
Hashtag Realty GWUP LLC
3864 Cedar Blust Lane Address
JACKSONVILLE, FL. 32726 City/State and Zip Code
<u>Fernall address: (to be used for future annual report notification)</u>
For further information concerning this matter, please call:
Rachelle Miller at (904) 891-4455 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Scrifficate 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**

	10	~
ARTICLES	OF ORGANIZATION	11/6
	OF	2017 00
		18 p.
Hashtag Realty	Group LLC	2017 SEP 18 PM 2:35
(Name of the Limited Liability)	Company as it now appears on our re imited Liability Company)	ecords.) TASS/ PES/
(A Contact)	mined islability company)	F. Okin
The Articles of Organization for this Limited Liability Cor	mpany were filed on 7/19/	2017 and assigned
Florida document number L 17 000 15 4334	1	
	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Hunng duales MAT BEAT OST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on our rec	ords enter the name of the new
registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	d.t
	emier rioridu street a	aaress
		, Florida
	City	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mGr</u>	Rachelle Miller	3864 Cedar Bluff Lane, JAY Fo	32224 NAdd
			Remove
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	01/11/17
n effo	ve date, if other than the date of filing: 9/14/17 (optional) etive 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 605.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
Γhe	90th day after the record is filed.
	(1221212haz 111 2017
ted	September 14, 2017. Rachelle Muller Signature of a member or authorized representative of a member
	Rochelle Miller
	Signature of a member or authorized representative of a member
	Rachelle Miller Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00