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DIVISION OF CORRED ALIGNS

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COVER LETTER

Division of Co	r por actoris		
SUBJECT:	MAKE AN O	FFER LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	JULIA	Name of Person	
		Name of Person	
	MAKE	AN OFFER LLC	
	6237 15th	Street South Address	
	SAINT PETE	RSBURG FL 33 City/State and Zip Code	3705
	JSEUACIUC (@GMAIL.COM	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
JULIANA M	IRANDA	at (*770) 374 Area Code Daytime	5917
Name (of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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:

TO:

Registration Section

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

MAKE AN OFFER, LI	LC
(Name of the Limited Liability Corpan (A Florida Limited Li	its as it now appears on our records. Hability Company)
The Articles of Organization for this Limited Liability Company volument number <u>L17000162850</u> .	were filed on $07/31/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	<u>ility company here</u> :
MAKE AN OFFER RE	ALTY LLC.
he new name must be distinguishable and contain the words "Limited Liabilit	
Enter new principal offices address, if applicable:	T T T T T T T T T T T T T T T T T T T
Principal office address MUST BE A STREET ADDRESS)	951
	- P P
	2: 5f
Enter new mailing address, if applicable:	56
Mailing address MAY BE A POST OFFICE BOX)	(^
 If amending the registered agent and/or registered off registered agent and/or the new registered office address here: 	fice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as proceing filed to merely reflect a change in the registered office a	performance of my duties, and I am familiar with and browided for in Chapter 605, F.S. Or, if this document is

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
MGRM	JEFFREY GLICKMAN	13750 W COLONIAL DR STE 35	0-311 O Add
		WINTER GARDEN, FL 34787	🗹 Remove
			Change
MGR	JEFFREY M. GLICKMAN	13750 W. COLONIAL DR. STE 350-3	BII W Add
		WINTER GARDEN, FL 34787	Remove
			Change
			□ Add
			FILED Remove FILED Remove FILED Remove
			- CHANGE PH 2
			□ Remove
			Change
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			🗆 Change
			🗆 Add
			_□ Remove
			_□ Change

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If an e <u>Note:</u>	tive date, if other than the date of filing:
he re The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1_ August 7th 2017
	Leine, Miranda
	Signature of a member or authorized representative of a member
	JULIANA MIRANDA Typed or printed name of signee
	○ ○ ○ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

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Filing Fee: \$25.00