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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: The Only Real ES Name of Limit	tate Solutions, LLC ted Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter t	to the following:
Heidy	Booeshaghi Name of Person
The Only B	rim/Company
3121 F	airlane Farms Road Suite
wellin	Octov, FL 33414 City/State and Zip Code
HBOOE 6-mail address: (to	SHAGHI @ gess 1, com o be used for future annual report notification)
For further information concerning this matter, please ca	
Heidy Booeshaghi	at (850) 766-2233 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate 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

The Only Beal Est (Name of the Limited Liability Co. (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Complete Florida document number $\underline{L17000168081}$.	pany were filed on August 7, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited The Only Real Estat The new name must be distinguishable and contain the words "Limited"	Liability company here: Company here: Liability Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES.	<u></u>
Enter new mailing address, if applicable:	17
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere	ed office address on our records, enter the name of the new
registered agent and/or the new registered office address	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida 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>	Name	Address	Type of Action
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or monte: If the date inserted in this block does not meet the applicable statutory filing rement's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuar requirements, this date will not	nt to 605.0 be listed
record specifies a delayed effective date, but not an effective tin The 90th day after the record is filed.	ne, at 12:01 a.m. on the	earlie
ed 11/7/17		
C_{i}	f a member	

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Filing Fee: \$25.00