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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	_
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Office Use Only



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COVER LETTER

TO: Registration ! Division of Co			
HOLDY	REALTY, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub	-	
Tease return all corresp	pondence concerning this matter	to the following:	
	TIMOTHY HOLDY		S. Sa
		Name of Person	- Co
	HOLDY REALTY, LLC		
		Firm/Company	
	469 NW FETTERBUSH V	WAY	· >
	_	Address	
	JENSEN BEACH, FL 349	257	• स
	tim@holdy.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
for further information	concerning this matter, please co	all:	
TIMOTHY HOLDY		772 500-0001	
Name	of Person		e Telephone Number
inclosed 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 (s enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on cations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/17/2	our records.)		
The Articles of Organization for this Limited Liability Company were filed on 08/17/2			
	2017	_ and as:	signed
Horida document number L17000176077			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
he new name must be distinguishable and contain the words "Limited Liability Company." the design	ation "LLC" or the abbre	viation "L	.LC."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	;; <u> </u>	120 120 120	
	,		
		L 2	Anna hai
Enter new mailing address, if applicable:	C .	<u>~</u>	1
Mailing address MAY BE A POST OFFICE BOX)	: ;	~ ``	
		0	
		:5	-

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.

Cuv

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_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TIMOTHY HOLDY	469 NW FETTERBUSH WAY	≅ Add
		JENSEN BEACH, FL 34957	□ Remove
			□ Change
			□ Add
			Remove
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable statu		
cument's effective date on the Department of State's records.	atory ming requirements, this date	: will not be listed a
record specifies a delayed effective date, but not an eff	fective time, at 12:01 a.m.	on the earlier
The 90th day after the record is filed.		
ted JUNE 27 2018		
/ / sheelel toles		
	resentative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00