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COVER LETTER

	Registration Se Division of Cor			
41:15 11:2 °		EALTY, LLC		
SUDJEC	T:	Name of Limi	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		TIMOTHY HOLDY		
			Name of Person	***
		HOLDY REALTY, LLC		
			Firm/Company	
		469 NW FETTERBUSH V	VAY	
			Address	
		JENSEN BEACH, FL 349	57	
			City/State and Zip Code	
		tim@holdy.com		
		E-mail address: ()	to be used for future annual report notif	ication)
For further	er information c	oncerning this matter, please ca	all:	
TIMOTE	IY HOLDY		772 500-0001	
	Name o	l'Person	at () Area Code Daytime	2 Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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:

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, F1, 32301

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

HOLDY REALTY LLC

TROUBLE TELEC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{08}{1}$. Florida document number $\frac{1.17000176077}{1.17000176077}$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	[
(Principal office address MUST BE A STREET ADDRESS)	18 JU
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	_ 535
Enter new mailing address, if applicable:	2 0 %
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	<u> </u>
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here: Name of New Registered Agent:	our records, enter the name of the no
V D : 1007 A11	
New Registered Office Address: Enter Flor	ida street address
	Florida
Ciţy	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
MGR	RODNEY HENSON	5341 NW 79TH AVE	Add
		DORAL, FL 33166	■ Remove
			□ Change
		·	Add
			Remove
			☐ Change
			Add
		□ Remove	
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	ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date is	(optional) of filing or more than 90 days after filing.) Pursuant to 605,020
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Typed or printed name of signee

Filing Fee: \$25.00