

L17 000 208618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

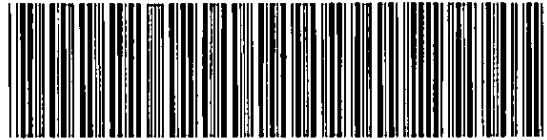
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/05/20--01006--003 **25.00

20 Jul-5 PM 2:02

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SUBJECT: ZIRO REALTY 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:

RICK WINNER

Name of Person

ZIRO REALTY LLC

Firm/Company

700 CELEBRATION AVENUE, SUITE 201,

Address

CELEBRATION, FL 34747

City/State and Zip Code

RWinner@ZiroRealty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICK WINNER

407 319,1505

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ZIRO REALTY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/09/2017 and assigned
Florida document number L17000208618.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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:

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>	<u>Address</u>	<u>Type of Action</u>
MGR	KEVIN HOLLE	1222 AQUILA LOOP, CLEBRATION FL 34747	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANK J. PYLE	1212 BRIERCLIFF DR, ORLANDO, FL 32806	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 6/2/2020, 2020

Signature of a member or authorized representative of a member

Rick Winner
Typed or printed name of signee

Filing Fee: \$25.00

State of Florida
Department of Business and Professional Regulation
Florida Real Estate Commission
Broker (BK) Transactions
Form # DBPR RE 13

Check the box for the relevant transaction in Section I and complete the applicable additional section(s) only. Leave the sections that are not relevant to your desired transaction blank. If you have any questions or need assistance in completing this form, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

For additional information see instructions at the end of this form.

Section I – Transaction Types

CHECK ONLY ONE OF THE TRANSACTION TYPES (Use multiple forms if more than one transaction is applicable)	
<input type="checkbox"/>	Qualify a Real Estate Company [2502/9008]. Complete Sections II and V. <ul style="list-style-type: none"> • Become Active from Inactive Status • Transfer/Change of Employer • Upgrade from Broker Sales Associate to Broker (BL to BK)
<input type="checkbox"/>	Broker Request for Multiple Licenses [2501/1050] - Fee \$77. Complete Sections II and V.
<input type="checkbox"/>	Become Inactive [2501/4020] Complete Sections II and V.
<input type="checkbox"/>	Become Active- Qualify a Sole Proprietorship [2501/9009] Complete Sections III and V.
<input type="checkbox"/>	Downgrade from Broker to Broker Sales Associate [2501/4040] Complete Sections IV and V.

Section II – Broker and Company Information

Last/Surname (Broker) Pyle	First Frank	Middle J	Suffix
Broker License Number: BK308344			
Primary Phone Number 407-690-4600	Primary E-Mail Address info@zirorealty.com		
REAL ESTATE COMPANY INFORMATION			
Name of real estate company/ sole proprietorship: Intelstate LLC dba Ziro Realty			
License number of real estate company/ sole proprietorship: CQ1055494			

Section III – Become Active – Qualify Sole Proprietorship – Broker (BK)


Last/Surname (Broker)	First	Middle	Suffix
Broker License Number			
Primary Phone Number	Primary E-Mail Address		
Name of Sole Proprietorship or Doing Business As (D/B/A)/Trade Name (if applicable):			
Signature of new qualifying broker:			
BUSINESS LOCATION ADDRESS			
Street Address			
City	State	Zip Code (+4 Optional)	
County (if Florida address)		Country	



Section IV – Change from Broker (BK) to Broker Sales Associate (BL)

Last/Surname (of broker changing from BK to BL)			First	Middle	Suffix
License number (of broker changing from BK to BL):					
Primary Phone Number			Primary E-Mail Address		
EMPLOYER INFORMATION					
If BL will be employed by a sole proprietor, provide Broker's name:					
If BL will be employed by a sole proprietor, provide Broker license number:					
If BL will be employed by a real estate company, provide the company name:					
If BL will be employed by a real estate company, provide the company license number:					
Signature of qualifying broker:					

Section V – Affirmation By Written Declaration

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</p>	
Signature: 	Date: 03/05/2020
Print Name: FRANK J. PYLE	