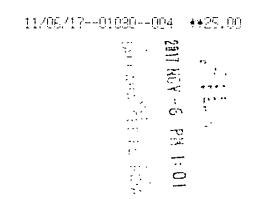
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(Requestor's Name)
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WY HARRIS

## **COVER LETTER**

ТО:	Registration S Division of Co			
cumu		ES REALTY LLC		
SUBJE	CI:	Name of Li	mited Liability Company	
The enc	losed Articles of	Amendment and fec(s) are su	bmitted for filing.	
		ondence concerning this matte		
		LINDA MURDOCK		
			Name of Person	
		RIST REALTY PINES	LLC	
			Firm/Company	<del></del>
		1995 NW 169th AVENUE	=	
			Address	<del></del>
		PEMBROKE PINES, FL.	33028	
		Lempale@gmail.com	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please c	all:	
Linda M	lurdock		954 610-7210	
_	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	I is a check for th	ne following amount:		
\$25.0	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:

ı

TO:

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

RIST PINES REALTY LLC					
( <u>Name of the Lini</u>	(A Florida Limited)	ny as it now appears on our records. Jability Company)	.)		
The Articles of Organization for this Limited L Torida document number	Liability Company	were filed on		_ and as	signed
his amendment is submitted to amend the fol	lowing:				
a. If amending name, enter the new name o	of the limited liab	ility company here:			
RIST REALTY PINES LLC					
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbrev	iation "L	,1C."
Inter new principal offices address, if appli	12530-A Pines Blvd,	. ·	<i>C</i> 3		
Principal office address MUST BE A STREI		Pembroke Pines, Florida 33027	: ,	=	<b>«</b> .
	27				<b>y</b>
		·	1.7.1. 1.7.1.	0)	a e
nter new mailing address, if applicable:	1995 NW 169th Avenue,	••	70 21	•	
Mailing address MAY BE A POST OFFICE	(ROV)	Pembroke Pines,			
rauming madress mile big it i vom VIII 1012	Florida 33028				
. If amending the registered agent and egistered agent and/or the new registered o			enter the	e name	of th
egione da agent and of the free region da	or the transfer of the transfe	<b>-</b> '			
Name of New Registered Agent:	Linda Murdock	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	12530-A Pines Blvd.				
	December 12.	Enter Florida street address			
	Pembroke Pine	, Floo			
		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> Name | <u>Address</u> Type of Action □ Add □ Remove ☐ Change □ Add □ Remove \_□ Change □ Add □ Remove ☐ Change \_□ Add \_□ Remove Change 45 ⊟₁Remoye \_ Change □ Add ☐ Remove

\_□ Change

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cument's effective date o	n the Departm	ient of State's	records.				
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Filing Fee: \$25.00