## L17000238266

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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## **COVER LETTER**

My Realtor	Your Realtor Realty, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Meredith Patterson		
	<del> </del>	Name of Person	
		Firm/Company	
	2676 SW 129 Terrace		
		Address	
	Miramar, Florida 33027		
	mlxdreams2reality@msn.ec	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
Meredith Patterson		954 696-1425 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he 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 5		<u>Street Address:</u> Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

My Realtor Your Realtor 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 Compa	ny were filed on 11/1/2017	and assigned
Florida document number L17000238266		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Florida for Sale and Rent, LLC		
The new name must be distinguishable and contain the words "Limited Li-	ability 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 offic agent and/or the new registered office address here:	ce address on our records, <u>enter tl</u>	he name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	m	.t.a
	F101	ida

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
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record sp is filed.		ed effective da	te, but not ar	i effective tin	ne, at 12:01 a.r	n. on the earlier	of: (b) The S	90th day after the
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