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(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. LEGGETT MAR 1 9 2018

COVER LETTER

	gistration Se ision of Cor			
SUBJECT:	South Flori	da Realtors LLC		
зовлют.		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for tiling.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Manuela Butcher		
			Name of Person	
		South Florida Realtors LL	С	
			Firm/Company	<u>-</u>
		811 NW 76th Terrace		
			Address	
		Plantation, FL 33324		
			City/State and Zip Code	
		manuela.butcher@gmail.co	m to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please co		
Manuela Bu	tcher		754 281-5608 Area Code Daytime	
•	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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 tadditional 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, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Florida Realtors LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our red Liability Company)	cords.)
The Articles of Organization for this Limited I		were filed on 1/8/2018	and assigned
Florida document number L18000006188	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lial	bility company here:	
Manuela Sartor Butcher LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	Not applicable	
(Principal office address MUST BE A STRE.	ET ADDRESS)		
			<u>ග</u>
			1 1
Enter new mailing address, if applicable:		Not applicable	
(Mailing address MAY BE A POST OFFICE BOX)			=======================================
			12:02
			02
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the new
Name of New Registered Agent:	Not applicable		
New Registered Office Address:			
		Enter Florida street ad	dress
			. 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>	Address	Type of Action
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
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			Change
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ctive date, if other than the	Apr	iI 1, 2018 @ 12:0	l a.m.	/ .: b		
erroctive date in interior the date in	ident the appointed date committee	the printer to dute in the		(optional) days after filing.)	Pursuant	10 605.0
e: If the date inserted in this iment's effective date on the			ory filing requirem	ents, this date v	will not b	e liste
ecord specifies a delay	ed effective date. I	out not an effe	ctive time, at 1	l2:01 a.m. d	on the e	earlie
e 90th day after the re			,			
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Typed or printed name of signee

Filing Fee: \$25.00