## 18000022382

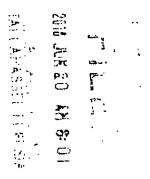
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J. HARRIS

## COVER LETTER

TO: Registration Se Division of Coc	erlog Perations		
Barzman Re	alty LLC		
Journal of the second	Name of Limi	ted Liability Company	
	emendment and fee(s) are sub-	_	
ricase return an correspor	dence concerning this matter t	to the following:	
	Orencia Barzey		
		Name of Person	
	Barzman Realty LLC		
		Firm/Company	
	8320 W Sunrise Blid Ste 20	09	
		Address	
	Plantation FL 33322		
	Lease@barzmanrealty.com	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	ill:	
Lamont Finney		754 286-3300 at (at Code Daytime	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a eneck for th	c following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.0) Filing Fee, Certificate of Status & Certifiel Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Barzman Realty LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.)
The Articles of Organization for this Limited I Florida document number <u>L18000022382</u>	Liability Company were filed on	January 24 2018 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company" th	e designation "LLC" or the abbreviation `L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		Jan C. Ja
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address	on our records, enter the name of the new
Name of New Registered Agent:	Lamont Finney	
New Registered Office Address:	8320 W Sunrise Blvd Stc 209	
	Enter	Torida street addres:
	Plantation	
	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 university:

MGR = Manager AMBR = Authorized Stember

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGE	FARRANAH PIERRE	8320 W SUNRISE BLVD STE 205	<b>=</b> Add
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			Change
			☐ Remove
			Change
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ote: If the date inserted in this block cument's effective date on the Depa	does not meet the applicable st	atutery filing requirements, th	is date will not be listed as
	and 3 records		
record specifies a delayed e The 90th day after the record	ffective date, but not an $\epsilon$	ffective time, at 12.01	a muon the earlier of
The 90th day after the record	l is filed.		a.m. on the earner of
ted _ May 23 2018	12:00 p.m		<del>-</del> -
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_(\rep	ncia / Samo		200
Sign	nature of a member or authorized re	presentative of a member	# 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1
Orencia Barzey			

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Filing Fee: \$25.00