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Tallahassee, FL 32314

TO: Registration So Division of Cor		·	
SURJECT: Mindi & A	Associates Real Estate Sa	les & Photography	
		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:	
	Mindi Alene Sato		
		Name of Person	
		Firm/Company	
	94 Alegro Dr.		
		Address	
	Panama City, Fl, 32-		<u> </u>
		City/State and Zip Code	
	Mindisato@gmail.com E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Mindi Alene Sato		at (850) 628-311	8
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fifing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ation.
Registration : Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Mindi & Associates Real Estate Sales & Photography, LLC

2024 DEC 13 PM 12: 36

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

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/05/2018 and assigned Florida document number L18000058178 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mindi Alene Sato, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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)	JH
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(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 register	red
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
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 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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			□Change
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ective date, if other than the date of filing: 1/1/2025 12:01 a.m. n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 course. If the date inserted in this block does not meet the applicable statutory filing requirementument's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605.020
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies filed.	er of: (b) The 90th day after the
12/9/2024	
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ted 12/9/2029 Mini Alene Sato Signature of a member or authorized representative of a member	

Filing Fee: \$25.00