## L18000067582

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## **COVER LETTER**

TO: Registration S Division of Co			
	h Realty LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	·
	Barbara Dinda Ulrich		
		Name of Person	
		Firm/Company	
	2618 Gulf Blvd #109	, ,	
		Address	<del></del>
	Indian Rocks Beach, Fl 335	785	
		City/State and Zip Code	
	barb@barbulrichrealty.com E-mail address: ()	to be used for future annual report notific	cation)
For further information	concerning this matter, please co		
Barbara Dinda Ulrich	· ·	727 2511954	
Name	of Person	Atea Code Daytime	Telephone Number
Enclosed is a check for	the 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 Addr Registration		Street Address: Registration Sect	tion

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

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Barb Urich Really LLC	and Linkilia. Commu		a an ann manach Y	
(Name of the Limit	(A Florida Limited I	ny as it now appear Liability Company)	s on out (veorus.)	
The Articles of Organization for this Limited Li Florida document number 1.18000067582	iability Company	were filed on Ma	rch 14, 2018	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company he	<u>re</u> :	
Barbara Dinda Ulrich LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	able:	2618 Gulf Blvd	#109	
(Principal office address MUST BE A STREE		(S) Indian Rocks Beach, Fl 33785		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2618 Gulf Blvd Indian Rocks Be		
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our re	ecords, <u>enter the nam</u>	
Name of New Registered Agent:				
New Registered Office Address:	2618 Gulf Blyd	· · · · · · · · · · · · · · · · · · ·		-0 14 .
		Enter Flor	ida street address	785
	Indian Rocks B		, Florida <u>337</u>	70.
		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
			□Remove
			☐ Change
			□Remove
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<del></del>			
			□Remove
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			□Remove
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