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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	James Agee Name of Lim	Realty LLC ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	Jo	mes Ayee Name of Person		
	Jan	nes Agee Realt	; LLC	
		Beachwood	2010 JU	و موردو د معمد
		ico fl 335	96	
	Ja 733 E-mail address: (City/State and Zip Code 190 @9 Mail. Com to be used for future annual report notif	نــ ا	٠
For further information cor	neerning this matter, please ca	all:		
James Name of F	Agel Person	at (<u>941</u>) 315-6	589 Telephone Number	
A \ 50 Enclosed is a check for the	TAX IDIS	824980457		
S≥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 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

Tomes Ag	ee Mai	ty LLC			
(<u>Name of the Limited</u> (λ	Liability Compar Florida Limited L	iy ag it now appears on our i iability Company)	records.)		
The Articles of Organization for this Limited Liab	<u>033</u> .	were filed on <u>03</u>	6/2018	and assigned	
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	ne limited liabi	lity company here:			
The new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the designation	"LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if applicab	le:	2514 Beac	14 wood	<u></u>	
Principal office address MUST BE A STREET.	ADDRESS)	2514 Bear	FL, 33	596	
		•			
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	2514 Be Valcico	<u> Pachho</u> 1 f l-1 3 3	od LN 3596	
			' ; ' ë		
				= 11	
B. If amending the registered agent and/or registered agent and/or the new registered office			cords, enter_	the name of the ne	W
Name of New Registered Agent:			12. The state of t)	
New Registered Office Address:	2514	Beach wood	LN		
	Val	Enter Florida street		33596	
		City	<u> </u>	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
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			☐ Remove
		-	
			□ Remove
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ctive (date, if other to date is listed, t	than the	e date of fi	iling:	unnot be	prior to da	te of filing	or more th	an 90 days	optional	l) ø) Pursna	nt to 605.01
<u>e:</u> If tl	he date inserted	d in this b	lock does r	iot inc	eet the ap	plicable						
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Filing Fee: \$25.00