# L1800014406

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	 ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO: Registration Sect Division of Corpo	ion orations	the same of the sa	en e
SUBJECT:	Real Esta Name of Limi	te Acquisitio	13 CoRaip LLC
The enclosed Articles of Ar	mendment and fee(s) are subt	mitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
		Chael Ster	ner
	Real Este	ALC ACQUISITION Firm/Company	s COROUP LLC
	17504 Th	nomas Blud.	
	Hudson, FL	24667 City/State and Zip Code	
	realestat E-mail address: (1	o be used for future include report not	DM fication)
For further information con	cerning this matter, please ca	II:	
Michael (Name of P	Sterner	at ( <u>813</u> ) <u>414 -</u> Area Code Daytin	5999 e 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 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

Out sail A sa

Real Estate aguisitions Group 21C	
( <u>Name of the Limited Liability Company as it now appears on our records.</u> ) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Real Estate Acquisitions Coroup LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevious "L.C." I	٠
The new name must be distinguishable and contain the words. Entitled Habitity Company, the designation. Electron the appreviation (1.5), 1	
Enter new principal offices address, if applicable:	ŗ
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (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 negistered agent and/or the new registered office address here:	PW.
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 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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ffect	ive date, if other than the date of filing:(optional)		
an ef ote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date sent's effective date on the Department of State's records.		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of 90th day after the record is filed.	on th	e earlier o
ated	8/5/2018 Makai Herrier		
	Signature of a member or authorized representative of a member  Wichael Stealer		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00