## L18000149354

(Request	or's Name)
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PICK-UP	] WAIT MAIL
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JAN J

## **COVER LETTER**

TO: Registration S Division of Co				
	TATE INVESTMENTS OF S.E	, FLORIDA, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	HARRY A ST LOUIS			
		Name of Person		_
	REAL ESTATE INVEST	MENTS OF S.E. FLORIDA, LLC		
		Firm/Company		- S <b>2</b>
	160 S CONGRESS PARK	DR.# 116	Ţ	TALE T
		Address		
	Delray Beach FL 33445			ASSE
	hslrcaltybroker@yahoo.com	City/State and Zip Code		4 3: 04 F. F.L.
	E-mail address: (	to be used for future annual report noti	fication)	iu +-
For further information	concerning this matter, please c	all:		
HARRY A ST LOUIS		754 234-1488		
Name	of Person	Area Code Daytim	e Telephone Numb	er
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)	Certifie	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite	810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REAL ESTATE INVESTMENTS OF S.E. FLORIDA, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_UNE 18, 2018 and assigned Florida document number L18000149354 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FLORIDA REALTY DEPOT.COM LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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>	<u>Address</u>	Type of Action
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			□Remove
			□Change
			□Add
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ective date, if other than the a reffective date is listed, the date must	date of filing:	to date of filing or more	(optional)	Pursuant to 605 020
te: If the date inserted in this blo	ck does not meet the applic	able statutory filing r		
cument's effective date on the De	partment of State's records	-		
ecord specifies a delayed effective	date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
is filed.		<b>, _</b>		- / / / /
ILINE 22	2021			
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	,			
Harry	7/2			
* Harry Ats	Signature of a member or auth	orized representative of	a member	
* Harry Hos	Signature of a member or auth		a member	