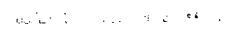
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COVER LETTER

TO:	Registration Se Division of Cor			
41 1 111 11	Amaising F			
SUBJE	CCT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
	,	Amber Mais	Ü	
			Name of Person	_
		4350 Jiggermast Ave	Firm/Company	
		Jacksonville, FL 32277	Address	
		amais917@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furt	ther information c	oncerning this matter, please ca	all:	
Amber	Mais		904 333-5048	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5,00 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

Amaising Realty LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Companillorida document number	y were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
amber Nichole Mais LLC		
he new name must be distinguishable and contain the words "Limited Liab	sility Company," the designation "LLC" or the a	bbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		16 SEC.
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		S2: N
		<u> </u>
nter new mailing address, if applicable:		
<u> 1ailing address MAY BE A POST OFFICE BOX)</u>		
		울음 20
	,	D
If amending the registered agent and/or registered of gistered agent and/or the new registered office address he Name of New Registered Agent:		the name of the
Name of New Registered Agent.		•
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> <u>Address</u> □ Add ☐ Remove ☐ Change _□ ∧dd □ Remove ☐ Change 京立 の第四 Reconove □ Remove _D Change _□ Add ☐ Remove ☐ Change _D Add □ Remove

_ Change

D. If amending any other informati	ion, enter change(s) here: (Attach additiona	al sheets, if necessary.)	
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	07/06/2018		
E. Effective date, if other than the of the effective date is listed, the date must Note: If the date inserted in this bloedocument's effective date on the Department.	be specific and cannot be prior to date of filing or more ck does not meet the applicable statutory filing r	(optional) e than 90 days after filing.) Pursuant to 605.020 requirements, this date will not be listed a	97 (3)(b) is the
If the record specifies a delayed (b) The 90th day after the reco	effective date, but not an effective tin rd is filed.	ne, at $12:01$ a.m. on the earlier	of:
August 20th Dated	2018		
an	Signature of a member or authorized representative of	a member	
Amber Mais	regulation of a monte of addition of topics of the first	· - · · · · · · · · · · · · · · · · · ·	
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00