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## **COVER LETTER**

Div	ision of Corp	porations		
vana arzen	3NITY REA	AL ESTATE INVESTING, LI	.C	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Robert M. Kesten, Esq.		
		Robert M. Kesten, PA	Name of Person	
		4500 0 4 0 0 1 1	Firm/Company	
		1500 Gateway Boulevar	d, Ste. 220	
		Boynton Beach, FL 3342	Address 26	
		robert@robertmkestenes	City/State and Zip Code q.com	
		E-mail address: (	to be used for future annual report	notification)
For further in	nformation ed	neerning this matter, please cr	all:	
Robert M. H	Kesten, Esq.		561 739-793	8
	Name of	Person	Area Code Day	vtime Telephone Number
Enclosed is a	check for the	e following amount:		
<b>≘</b> \$25.00 F	iling Fee	S30.00 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)
	MAILI	NG ADDRESS:	STREET/COL	JRIER ADDRESS:

Registration Section

TO:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3NITY REAL ESTATE INVESTING, L		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our rec rida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number L18000177800	y Company were filed on <u>07/24/2018</u>	and assigned
This amendment is submitted to amend the following	Ç	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "I	.L.C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		SIC S
(Principal office address MUST BE A STREET AD	DDRESS)	
		AH 5:
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	)	29
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		,
	Enter Florida street ad	uress
_		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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Address</u> Type of Action Title <u>Name</u> 4302 HOLLYWOOD BLVD 101 **RUTH ANKLE AMBR** Hollywood FL 33021 \_**■** Add □ Remove \_□ Change 4302 Hollywood Blvd. #101 **RUTH ANKLE** MGR Hollywood, FL 33021 ■ Add ☐ Remove \_ 🗆 Add \_□ Remove ☐ Change □ Add \_\_□ Remove \_\_\_ Change \_\_\_\_\_ Add ☐ Remove ☐ Change ☐ Add 

\_\_\_\_\_ Change

Add EIN to filing 83-13894	146	
<del></del> -		
		<u>~</u>
		9
Effective date, if other than th	e date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 6
Note: If the date inserted in this bedocument's effective date on the I	lock does not meet the applicable statt	atory filing requirements, this date will not be li
the record specifies a delaye The 90th day after the re		fective time, at 12:01 a.m. on the ear
August 31	2018	
	RAHIVI	

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Typed or printed name of signee

Filing Fee: \$25.00