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Office Use Only



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COVER LETTER

TO:

Registration Section **Division of Corporations**

> P.O. Box 6327 Tallahassee, FL 32314

Div	ision of Cor	porations		•	ion i si di	
SUBJECT:		Realty, LLC		च्याची <u>।</u>	167 - 1 Ph. 46 Ju	
SUBJECT		Name of Lin	ited Liability Company			
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Gavin Welch				
			Name of Person		_	
		Guarantee Realty, LLC				
			Firm/Company			
		2265 Parkland Loop North	1			
			Address	 	_	
		Lakeland, FL 33811				
		guaranteedrealty@gmail.co	City/State and Zip Code		_	
			to be used for future annual report notifica	tion)		
For further in	iformation c	oncerning this matter, please co	all:			
Gavin Welch	ı		863 670-0303			
	Name o	f Person		lephone Numbe	er	
Enclosed is a	check for th	ne following amount:				
■ \$25.00 Fi		☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	ate of Status &	
	Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2013 HS: -1 178 4: 59

Guarantee Realty, LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000198782</u>	were filed on <u>8/20/20</u>	118	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "LLC" or the abbrev	riation "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 of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		r records, <u>enter the</u>	name of the new
	Enter Florida s	treet address	
		, Florida	
- 	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my oprovided for in Chap	duties, and I am fami ster 605, F.S. Or, if ti	iliar with and his document is

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
MGR	Nicole Welch	2265 Parkland Loop N, lakeland, FI 33811	
			Remove
			Change
MGR	Gavin Welch	2265 Parkland Loop North, Lakleand, FL 33811	Add
			☐ Remove
			☐ Change
			Remove
			Change
			Remove
			□ Change
			
			Remove
			Change
			D Add
			Remove
			□ Change

	
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E. Effec	tive date, if other than the date of filing:
(If an c <u>Note</u>	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as (
docu	nent's effective date on the Department of State's records.
*5.11	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
	1
	October, 30 2018
Dated	
Dated	# \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Dated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00