L18000199616

(Re	questor's Name)	
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(Ac	dress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(UX	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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08/23/21--01025--005 **25.00

COVER LETTER

TO:

TO: Registration Se Division of Co			
	84 REALTY LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NEERAJ PAWA		
		Name of Person	
		Firm/Company	
	7084 MW 50TH STREET		
		Address	
	MIAMI, FL 33166	Civ. Co. 17: Co. 1	
	MICKPAWA@GMAIL.CO	City/State and Zip Code	
	_	to be used for future annual report no	tification)
For further information	concerning this matter, please ca	all:	
NEERAJ PAWA		516 4553540 at ()	
Name	of Person	Area Code Daytii	ne 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 Addre Registration		<u>Street Address:</u> Registration S	ection
Division of	Corporations	Division of Co	orporations
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI 7084 REALTY LLC	-	
	Company as it now appears on our imited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Cor Florida document number L18000199616	mpany were filed on $\frac{08/21/201}{2}$	8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	, enter the name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida stre	et 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.

City

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	NEERAJ PAWA	7084 NW 50TH STREET	■Add
		MIAMI, FL 33166	□Remove
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
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			□Add
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f an effective date is li	other than the date isted, the date must be sp iserted in this block do	ecific and cannot l	be prior to date of t	filing or more than s	(optional) 00 days after filing.) I ements, this date w	ursuant to 605,0207
locument's effective	ve date on the Departn	nent of State's re	ecords.	, .		
record specifies a d is filed.	delayed effective date	, but not an effe	ctive time, at 12	:01 a.m. on the ea	arlier of: (b) The	90th day after the
AUGUST 18	8TH	. 2021	_ .			
		A and				
	4	F 1- V				
	Signa	of a member	or authorized repr	resentative of a mer	nber	