L18000246643

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TO: Registration Section , Division of Corporations

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ASSURED QUALITY PROPERTY, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YVES CORIOLAND

Name of Person

ASSURED QUALITY PROPERTY, LLC

Firm/Company

120 S OLIVE AVENUE SUITE 309

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

INFO@ADGLOBA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YVES CORIOLAND

Name of Person

at (_____) <u>300-8737</u> Area Code Daytime 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)

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Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASSURED QUALITY PROPERTY, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed o	n <u>10/19/2018</u>	and assigned
Florida document number L18000246643		

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LEY CAPITAL REALTY LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

120 S OLIVE AVE

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)

SUITE 309	 	2023	
WEST PALM BEACH, FL 33401	<u>- 20</u>	FE	<u> </u>
SAME	ARK S	821 1	
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	ADVANCED GLOBAL ACCOU	NTING FIRM
New Registered Office Address:	120 S OLIVE AVE. SUITE 309	
	Enter Flor	ida street address
	WEST PALM BEACH	, 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 the Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	YVES CORIOLAND	120 S OLIVE AVE	■Add
		SUITE 309	🗆 Remove
		WEST PALM BEACH, FL 33401	□Change
MGR	RICK CHARLES	120 S OLIVE AVE	■Add
		SUITE 309	□
		WEST PALM BEACH, FL 33401	□Change
MGR	ADVANCED GLOBAL	324 DATURA	🗆 Add
		STREET 210	■Remove
		WEST PALM BEACH, FL 33401	□Change
MGR	RONEL CIMEUS	120 S OLIVE AVE	🖬 Add
		SUITE 309	🗆 Remove
		WEST PALM BEACH, FL 33401	□Change
			🗆 Add
			🗆 Remove
			□Change
			🖸 Add
			🗆 Remove
			□Change

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live date, if other than the date of filing:	(optional)

.0207 (3)(b) d as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

JANUARY 30		
	Signature of a member or authorized representative of a member	
	YVES CORIOLAND	
	Typed or printed name of signee	

Filing Fee: \$25.00

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E. Effective date, if other than the date of filing: ______(optional) (If an effective 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 (3)(b) _(optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

JANUARY 30	$\frac{23}{2}$	
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- <u></u>	Signature of a member or authorized representative of a member	
	V VVES CORIOLAND	
	Typed or printed name of signce	