48000 247757

(Re	questor's Name)	
DA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to f	Filing Officer:	

Office Use Only



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COVER LETTER

DIV	ision of Corp	orations		
SUBJECT:	McGuire and	d Associates Realty LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	emendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Robert McGuire		
			Name of Person	
		Robert McGuire LLC		
			Firm/Company	
		3850 13th Ave. N. Apt. 20	2	
			Address	 _
		St. Petersburg, FL 33713		
			City/State and Zip Code	
		dave@strategictaxfinancial.	.com	
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	ncerning this matter, please ca	all:	
David Butt			727 744-7938	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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:

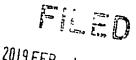
TO:

Registration Section

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



LC		our records. b = 0
ited Liability Comp	any as it now appears on	our records. SE O. 7.
(A riorida Limited	глаониу Сопрану)	TALL A RESTATE
Liability Company	were filed on Octobe	er 22, 2018 and assigned
	were med on	
<u> </u>		
llowing:		
of the limited lial	bility company here:	
words "Limited Liab	oility Company," the desig	nation "LLC" or the abbreviation "L.L.C."
icable	NA	\$ - # · ·
		•
<u>'ET ADDRESS)</u>		
•		
	NA	
<u>E BOX)</u>		
d/or registered (office address on o	ur records, enter the name of the
office address he	re:	
<u> </u>	_	
NIA		
NA		
1373		
17/1	Enter Florida	street address
<u> </u>	Enter Florida	street address, Florida
	llowing: of the limited liable words "Limited Liable: EET ADDRESS) E BOX)	Liability Company as it now appears on (A Florida Limited Liability Company) Liability Company were filed on Octobe llowing: of the limited liability company here: words "Limited Liability Company," the designicable: NA EET ADDRESS) NA EBOX) Ad/or registered office address on or office address here:

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>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Remove
			Change
			□ Remove
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			···
E: If the date inserted in this	ust be specific and cannot be pri	licable statutory filing requ	(optional) n 90 days after filing.) Pursuant to 605 frements, this date will not be liste
ne 90th day after the re		not an effective time,	at 12:01 a.m. on the earlie
January 23	2019	·	
Maha	et nich		_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00