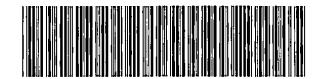
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(Requ	uestor's Name)	
(Addı	ess)	
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(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	e)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
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R. WHITE JUL 2 3 2019

COVER LETTER

TO:	Registration Se Division of Cor			·
471113 717	/ 1/81 ·	ealty Group, LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	cturn all correspo	ondence concerning this matter	to the following:	
		Jeffrey Fleischman		
		Four Fly Realty Group, LL	Name of Person	
			Firm/Company	
		811 Turquoise Trail		
		Morganville, NJ 07751	Address	
		jeff@flyrealtygroup.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please ea	all:	
Jeffrey	Heischman		908 216-2136	
-	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne 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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	on

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Four Fly Realty Group, LLC

2019 JUL 15 All 10: 13

(Name of the Limited Liability Company as it now appears on our records.)

(V. Liouña fr	united training Company)		
The Articles of Organization for this Limited Liability Con	npany were filed on _	November 15, 2018	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company h	iere:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:	<u>ss here</u> :		
New Registered Office Address:			
	Enter Fle	orida street address	
		, Florida	
N	•		Zip Code
New Registered Agent's Signature, if changing Registered A			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance o nt as provided for in	f my duties, and I am fo Chapter 605, F.S. Or, i	miliar with and If this document is
.	If Changing Registered A	gent, Signature of New Reg	isterned Agent

Page 1 of 3

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>	<u>Address</u>	Type of Action
MGR	Steven Fleischman	8857 Fay Ave North Port, FL 34287	■ Add
			Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			□ Change
			Remove
			Change
			Add
		□ Remove	
		Change	
			
			☐ Remove
			Change

E. Effec (If an e <u>Note</u>	tive date, if other than the date of filing:
docu	ment's effective date on the Department of State's records.
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the earlier of the day after the record is filed.
Dated	July 9 . 2019
	17 Chil
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00