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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	54 Realty L	LC ited 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:	
	Joe	Lo Cicero Name of Person	
	5472	Pectty LLC Firm/Company	
	20735 Ste.	rlington Dr. Su Address	ite 102
		S, F1, 34438 City/State and Zip Code	
	Joe @ E-mail address: (54 Realty, come to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Richard Name o	Kestory TPerson	at (813) 435 · 50 Area Code Daytime	11 / Telephone Number
Enclosed is a check for the	he 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 ADDRESS:

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

<u> </u>	ealty LL	<u></u>	ZJ19 KU 25 ,	11 10: 56
(<u>Name of the Limite</u>)	I Liability Compan A Florida Limited Li	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L190000365</u> L	bility Company (were filed on $\frac{o_1 \int c_1}{c_1}$	2/2019	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, <u>enter the new name of</u>	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			····
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
B. If amending the registered agent and/o registered agent and/or the new registered offi	ψ.		ir records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	Richard	& Kostory		
New Registered Office Address:	20735 5	Starlington Enter Florida:	Dr. Shite	102
				34638 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 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	Joseph Lociaeo	22744 Cherdla Rose Pl.	🗆 Add
		22744 Cherdla Rose Pl. Land olakes, Fl. 34639	Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			O Add
			Remove
			Change
			□ Add
			□ Remove
		<u> </u>	□ Change
			□ Add
			□ Remove
			□ Change

D. If amending any other informátion, enter change(s) here: (Attach additional sheets, if necessary.)	
	
E. Effective date, if other than the date of filing:	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	of:
Dated November 19 . 2019	
Signature of a member or authorized representative of a member	
Joseph Locicoro Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00